EVENT PLANNING PROPOSAL FORM

Please return completed forms to:

CRE8TIME@craftandhobby.org

Fax: 201-835-1257

Person in Charge of the Proposed Activity/Event:

Name:_____ Title:_____

Company/Organization (if any):_____

CRE8TIME Club Name (if any): _____

Address:_____

City, State:_____ Zip:_____

Phone:_____ Fax:_____

Email:_____

Title of Proposed Activity/Event: _____

Location:_____ Date/Time:_____

Ticket Price/Admission/Cost: $_____ Estimated Attendance (if applicable):_____

Will you be raising funds for the CHA Foundation in support of CRE8TIME?

Yes ___

No ___

Brief Description of Proposed Activity/Event:

_____

_____

_____

_____

How do you plan to promote and publicize the activity/event?

_____

_____

_____