Event Planner Information Sheet

Event Date: _____

Time From: _____ To: _____

Type of Event _____

Guest of Honor: _____

Organization : _____

Location: _____

Address: _____

Directions: _____

_____

_____

CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cellular: _____

Fax: _____

E-mail: _____

TIME	EVENT