

CAG Member Event Submission Form

Member Information

Name:

Email or Phone:

Involvement in the event:

Event Information

Event Name:

Website:

Start Date:

End Date:

Start Time:

End Time:

Event Recurrence (once, daily, weekly, monthly):

Description (50 words or less):

Location Information

Location Name:

Address:

City:

State:

Zip:

Event Contact Information

Name:

Email:

Phone:

NOTE: You may also submit pictures of the event or pictures of your work to be exhibited in the event