

# LAHF Event Submission Form

(Please print and use black ink).

## Organization Contact Information

Organization Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Refundable if cancelled: \_\_\_\_\_ Yes / No

## Event Information

Event Title: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age restrictions: \_\_\_\_\_

Recommended ages: \_\_\_\_\_

Cost: \_\_\_\_\_

Min / Max Attendance: \_\_\_\_\_

LAHF Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

RSVP Deadline: \_\_\_\_\_

Payment Deadline: \_\_\_\_\_

Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Carpool meeting place and time: \_\_\_\_\_  
\_\_\_\_\_

*(Attach any brochures or other info to this form, if available. Use back of form for additional information, as needed.)  
Thank you for researching this event.*