



Town of Kamsack

COMMUNITY

EVENT CALENDAR

EVENT SUBMISSION FORM

Please fill out the following information as much as possible TWO WEEKS prior to your event.

Name of Event																	
Type of Event <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Agricultural</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Educational</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Health</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Art/Culture</td> <td style="border: none;"><input type="checkbox"/> Entertainment</td> <td style="border: none;"><input type="checkbox"/> Recreation/Leisure</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Business</td> <td style="border: none;"><input type="checkbox"/> Fairs/Tradeshow</td> <td style="border: none;"><input type="checkbox"/> Religious</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Civic</td> <td style="border: none;"><input type="checkbox"/> Fundraising</td> <td style="border: none;"><input type="checkbox"/> Social</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Clubs/Organizations</td> <td></td> <td style="border: none;"><input type="checkbox"/> Sports</td> </tr> </table>			<input type="checkbox"/> Agricultural	<input type="checkbox"/> Educational	<input type="checkbox"/> Health	<input type="checkbox"/> Art/Culture	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Recreation/Leisure	<input type="checkbox"/> Business	<input type="checkbox"/> Fairs/Tradeshow	<input type="checkbox"/> Religious	<input type="checkbox"/> Civic	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Social	<input type="checkbox"/> Clubs/Organizations		<input type="checkbox"/> Sports
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<input type="checkbox"/> Clubs/Organizations		<input type="checkbox"/> Sports															
Start Date	End Date	dd/mm/yyyy															
Start Time																	
Location / Facility																	
Description of Event																	
Admission <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> <td style="width: 20%; border: 1px solid black; text-align: center;">\$</td> <td rowspan="4" style="width: 40%; vertical-align: middle; padding-left: 20px;">IE: Adults, Children, etc.</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> </table>				\$	IE: Adults, Children, etc.		\$		\$		\$						
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Contact Name																	
Contact Phone	Contact Email																
Website																	