

## Calendar Submission Form

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

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

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

Brief Description of Event (attire, theme, number of years held, etc.) What can guests expect at your event?

(Do not include organization information. This is event information, only.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ Per Person Ticket Price: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

Each calendar listing is \$70. All calendar entries require prepayment. Please include credit card information for this fee.

Circle one:      MasterCard      Visa      American Express

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Address for Receipt: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Please submit by emailing this form to [annie@kcindependent.com](mailto:annie@kcindependent.com).