WEBSITE EVENT LISTING REQUEST

Any event, meeting, golf or fishing tournament, fundraiser, equipment rodeo, etc. organized and sponsored by the Florida Chapter or its branches, must be listed on the Florida Chapter website in order to be covered by National’s liability insurance.

Answer the questions below and forward the form to Tracy Quintana @ tquintana@ci.punta-gorda.fl.us or fax (941) 575-5044 at least one week prior to the event.

Event name: __________________________________________

Event start date: _________________    Event end date: _________________

Event start time: ________________      Event end time: _________________

RSVP/Registration start date: _______________   RSVP/Registration end date: _________________

Description of event: ____________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

If more space is needed, please use a separate piece of paper.

Co-Sponsor? If so, name: ________________________________________________________________

Event location/building name & address (include zip code):____________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Event cost: member $________    non-member $_________
Payment options:
- Accept credit cards:    ____ yes   ____ no
- Accept checks:            ____ yes   ____ no
- Accept purchase order:  ____ yes   ____ no
- Accept payment at door: ____ yes   ____ no

Event information contact person:
- Name: __________________________________________
- Email: __________________________________________
- Phone: __________________________________________
- Address: ________________________________________

Payment information contact person:
- Name: __________________________________________
- Email: __________________________________________
- Phone: ____________________   Fax:  ________________
- Address: _________________________________________

Send the completed form to Tracy Quintana, Website Chairperson via email or fax.
tquintana@ci.punta-gorda.fl.us
941-575-5044 fax
Any questions, please call at 941-575-5066.