

UUCSV EVENTS CALENDAR REQUEST FORM

Your Contact Information

Person or Group making request: _____

Phone Number: _____ E-mail: _____

Address: _____

| | | |
|---|-----|----|
| Do you wish to hold this Event at the UUCSV Building? | Yes | No |
|---|-----|----|

| | | |
|---|-----|----|
| Do you wish this Event be announced in the Phoenix? | Yes | No |
|---|-----|----|

Event Information

About the Event:

Who to Contact for more information: _____

* Only if being added in the Phoenix

Contact Phone Number: _____

* Only if being added in the Phoenix

Contact E-mail Address: _____

* Only if being added in the Phoenix

Date of Event: _____

Time of Event: _____

Address: _____

City: _____

State: _____