

1. Today's Date: _____

2. Chapter Name: _____

3. Your Name and Position: _____

4. Your Address: _____

5. Your Phone - Home: _____ Work: _____

6. Type of Activity (please mark one):
Chapter Show _____ Inter-chapter Event _____
Chapter Party _____ Other (please specify) _____

7. Date of Activity: 1st date choice: _____
2nd date choice: _____
3rd date choice: _____

8. Are you co-sponsoring this event with other chapters or organizations? _____
If yes, please list them here: _____

9. Have you secured a place for your event? _____
If yes, Place Name: _____
Address: _____
Seating Capacity: _____

10. Will tickets be sold? _____
If yes, Price Range: _____

11. Are you sending flyers to other chapters in the region? _____

12. Please list any guest quartets or choruses whom you expect to perform:

Please Return Completed Form To:
Tracie Cogdill, Regional Calendar Coordinator
PO Box 80007
Fairbanks, Alaska 99708-0007
Home: 907-457-5244 Fax: 907-456-5244
E-Mail: tracie@mosquionet.com



You will be notified of your date clearance 7 to 10 days after this request is received.

Please feel free to add any comments, suggestions or questions you might have to the back of this form.