

SPECIAL EVENTS LISTING FORM

Must be received **by the 25th** of the month, **2 months before** the event
_____ Dance Year

Event Date: _____

Issue it is to appear in: _____

Club Name: _____

Facility Name: _____

Facility Address: _____

Facility Directions: _____

Caller: _____

Week Date 1st, 2nd etc: _____

Day of the Week: _____

Dance Level: _____

Time Dance: _____

Purpose of Event: _____

Contact Info: _____

Additional Instructions or Comments