Community Partners Council
Event Submission

Date_____

Please Print

Contact Person _____

Organization _____

Address _____

City_____ Zip _____

Phone_____ Fax _____

Email address _____

Name/title of the event _____

Date of event _____

Location _____

Time___*from*_____ AM / PM___*to*_____ AM / PM_

Cost _____

Features _____

_____

Miscellaneous _____

_____

Contact information _____

Is this event open to the community of Bolingbrook? [ ] Yes [ ] No

Is this a for-profit event? [ ] Yes [ ] No

Is this a fund-raising event: [ ] Yes [ ] No. If Yes, who/what does it benefit?_____

_____

Is there anything else you would like us to know about this event?_____

_____

Please submit to the Chamber office:

375 W. Briarcliff Rd.
Bolingbrook, IL 60440
Fax: 630-759-9937