EVENT PLANNER				
	<u>~ , ~ , ~ , ~ , ~ , ~ , ~ , ~ , ~ , ~ ,</u>	I DIN WAR	Date of Event	
Name of Event			Time:	
			From To	
Which Group Running Event		1 .	1	
Legion	Auxiliary	Son's	Riders	
Chair Person		Co-Chair		
Tel. email:		Tel.	Tel. email:	
Set Up Crew: YES		Clean Up Crew:	YES NO	
ENTERTAINMENT: YES NO Size of Group/Entertainer Name:				
Is Food Being Served:	YES NO	Is Kitchen Being Used:	YES NO	
What's on the Menu?				
Tickets Sold "In-Advance" YES NO CUT-OFF Date for Ticket Purchase:				
To Benefit LEG	ION AUXILIARY	SON'S	RIDERS CHARITY	
Name of Charity:				
Description of Event/Price:				
Pre-Event Price: At-Door Price				
Will Group Supply Flyer? YES NO Flyer Assigned to Planning Committee:				
Tickets? YES NO				
Approved by Planning Committee YES NO Signed 2 nd VICE				
Date:		Date:		