

Event Hosting Sign-up Sheet

Today's Date: _____

Name: _____

Address: _____ Phone: _____

Email: _____ Website: _____

Name of Organization: _____

Date of Event: _____ Time: _____ Open to the Public? Yes No

Events:

- | | |
|---|--|
| <input type="checkbox"/> Cornerstone Kids - Story Telling/Story Hour:
Age of children: | <input type="checkbox"/> Author Reading |
| <input type="checkbox"/> Poetry Reading | <input type="checkbox"/> Author Signing
Author Name: |
| <input type="checkbox"/> Game Event (please describe): | <input type="checkbox"/> Lecture/class/series (please describe): |
| <input type="checkbox"/> Cornerstone Connections –Singles Events | <input type="checkbox"/> Music Event (please describe): |
| <input type="checkbox"/> Other (please describe): | <input type="checkbox"/> Movies |

Discussion Groups:

- | | |
|--|--|
| <input type="checkbox"/> Book Club
<input type="checkbox"/> Fiction:
<input type="checkbox"/> NonFiction | <input type="checkbox"/> Writers Group |
| <input type="checkbox"/> Poetry Group | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Art | <input type="checkbox"/> History |
| <input type="checkbox"/> Food/Wine | <input type="checkbox"/> Drama/Play |
| <input type="checkbox"/> Other (please describe): | |

Office Use Only:

Contacted by: _____

Date: _____

Follow-up: _____

Supplies/Books Ordered: _____

Media/Calendar Listing: _____