

## Event Interest Sign-up Sheet

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Events:

- |   |  |
|---|--|
| <input type="checkbox"/> Cornerstone Kids - Story Telling/Story Hour:<br>Age of children: _____ | <input type="checkbox"/> Author Reading                                |
| <input type="checkbox"/> Poetry Reading   | <input type="checkbox"/> Author Signing<br>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"/> Writers Group |
| <input type="checkbox"/> Fiction:                       |  |
| <input type="checkbox"/> NonFiction                     |  |
| <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): _____ |  |

Convenient Times:  Day: \_\_\_\_\_  Evening: \_\_\_\_\_

Open to the Public?  Yes  No

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### Office Use Only:

Contacted by: \_\_\_\_\_

Date: \_\_\_\_\_

Follow-up: \_\_\_\_\_