

**MADD LONDON CHAPTER  
COMMUNITY EVENT FORM**  
(return this form to Robyn prior to event)

<b>Date of Event:</b>		to	
<b>Time:</b>		to	
<b>Location:</b>	_____		
<b>Parking Available:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO   Cost: \$ _____		
<b>Name of Event:</b>			
<b>Details of Event:</b>			
<b>Contact Person:</b>			
<b>Telephone Number:</b>			
<b>Email:</b>			
<b>Volunteers Required:</b>			
<b>Shifts:</b>	<input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> FOUR		
<b>Volunteer Contact Information</b>  <b>*this <u>must</u> be filled out</b>	Name: _____ Phone: _____		
	Email: _____		
	Name: _____ Phone: _____		
	Email: _____		
	Name: _____ Phone: _____		
	Email: _____		
<u>Possible Alternate:</u>			
Name: _____ Phone: _____			
Email: _____			
<b>MADD Display Board:</b>	Pick up from office: Date: _____		
<b>Materials to be returned to the office:</b>	Date: _____		
<b>Fatal Vision Goggles:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO   .08 <input type="checkbox"/> .17 <input type="checkbox"/> Night <input type="checkbox"/>		
<b>Simulator Car:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Confirmed with Contact:</b>	Date: _____ (one week prior) Confirmed by: _____		
<b>Comments</b>	_____ _____ _____		