



## FIRST WEEKEND EASTON - LIVE!

### PARTICIPANT FORM

Today's Date: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Best Point of Contact: \_\_\_\_\_

### EVENT INFORMATION

Event Title: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time Start/Finish: \_\_\_\_\_

### EVENT DESCRIPTION :

Refreshments? Music? Special Guests or Speakers? Please include as much information as possible...

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**Please Submit To:**

Email: [kclendaniel@town-eastonmd.com](mailto:kclendaniel@town-eastonmd.com)

PH: 410-253-9238 Fax: 410-822-4572

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