



## EVENT INFORMATION SHEET

This form must be returned to AMBUCS Resource Center within 30 days of receiving the manual. Please fill out **all** the information below and return with the Event Budget Worksheet. Once received, AMBUCS Staff will begin work to support your Trek 4 Trykes event.

Event Location (Name & Address): \_\_\_\_\_

Event Date & Time: \_\_\_\_\_ Fundraising Goal \$ \_\_\_\_\_

Event Contact E-mail: \_\_\_\_\_

This information will appear in email confirmations to allow your supporters to contact you via email.

**EVENT CHAIR:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PUBLICITY COMMITTEE CHAIR:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SPONSORSHIPS COMMITTEE CHAIR:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DAY OF EVENT COMMITTEE CHAIR:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ENTERTAINMENT COMMITTEE CHAIR:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MISSION COMMITTEE CHAIR:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ADMINISTRATION COMMITTEE CHAIR:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How many riders are on your local Wish List for an Amtryke at this time?

