

CORVAIR SOCIETY OF AMERICA

CHAPTER EVENT DATA ENTRY FORM



Please fill out the fields below and send this form in an email to:

donaldjkeefe@aol.com, coracluboffice@gmail.com and messages@corvaair.org.

NAME OF EVENT: (REQUIRED)

TYPE OF EVENT:

(Examples: Car show, swap meet, auction, autocross, track day, tech session, meeting).

SHORT DESCRIPTION: A SHORT PHRASE PLEASE. (REQUIRED)

FULL DESCRIPTION: (REQUIRED)

START DATE: (REQUIRED)

START TIME: (REQUIRED) (HH:MM AND AM/PM)

END DATE: (REQUIRED)

END TIME: (REQUIRED) (HH:MM AND AM/PM)

NAME OF LOCATION:

STREET ADDRESS, LINE 1: (REQUIRED)

STREET ADDRESS, LINE 2:

CITY: (REQUIRED)

POSTAL CODE:

STATE OR PROVINCE: (REQUIRED)

COUNTRY:

CONTACT NAME: (REQUIRED)

CONTACT EMAIL ADDRESS: (REQUIRED)

CONTACT PHONE NUMBER: