



SUBMIT YOUR EVENT

*required fields in red

SUBMITTER INFORMATION

Name*

Email*

Phone*

Hosting Chapter

EVENT INFORMATION

Event Title*

Start Date*

End Date (if more than 1 day)

Start Time*

am

pm

End Time

am

pm

EVENT LOCATION

Venue Name

City*

Street Address*

Zip Code*

ADDITIONAL INFORMATION

Event Website

Reservations/RSVP* Y N If yes, detail below

Age Range of Participants*

Admission Cost* Y N If yes, detail below

EVENT DESCRIPTION

(You must attach a flyer with details **OR** provide a detailed description for us to successfully publicize your event on our website and social media sites.)

If you also have an event flyer, click submit below and then email the flyer to: lmcbayer@quailforever.org.
Questions, call Lisa at 870-405-7092.