

Event Registration Form

Contact Name: _____

Contact Address: _____

Postcode: _____

Tel No: _____

E-Mail: _____

Event Details

Name of Event: _____

Location: _____

Date and Time: _____

Description and/or comments: _____

Have you held an event for 4Louis before? Yes No

Will all monies raised be donated to 4Louis? Yes No

If No, please give details as to what percentage will be donated to 4Louis.
