



EVENT SUBMISSION FORM

EVENT NAME:

DATE OF EVENT:

START/END TIME:

ORGANIZER (CLLA, CLCC, ETC.):

CONTACT INFO (EMAIL AND/OR PHONE):

LOCATION:

COST (IF APPLICABLE):

EVENT DESCRIPTION:

Please email requested information, along with a “featured image” for the calendar listing (1920 x 1080 px), to webmaster@cedarlakeecc.com.

