

TO POST AN EVENT

DATE: _____

TIME: _____ **A.M.** _____ **P.M.** _____

EVENT NAME _____

CONTACT NAME _____

CONTACT PHONE _____

EVENT ADDRESS _____

IS THIS OPEN TO THE PUBLIC? _____ **YES** _____ **NO**

THE UNDERSIGNED AGREES TO THE FEE \$ _____.

Signed _____

Date _____

PLEASE RETURN FOR CONFIRMATION VIA:

FAX: 440-951-1315

E-MAIL: dan@clevelandhistorylessons.com

THANK YOU FOR YOUR INTEREST