



## **FORM TO SUBMIT AN EVENT TO THE FFGC STATE CALENDAR**

**EVENT NAME:**

**EVENT START DATE:**

**EVENT END DATE:**

**EVENT START TIME:**

**EVENT END TIME:**

**EVENT LOCATION:** (Please select one) ZOOM or IN PERSON

**EVENT ADDRESS** (if in person):

**EVENT SPONSOR:**

**FFGC DISTRICT NUMBER:**

**EVENT DESCRIPTION** (detail description about your event):

**SPECIAL INSTRUCTIONS** (such as parking, lunch, etc.):

**EVENT CHAIRMAN:**

**PHONE:**

**EMAIL:**

**NAME OF PERSON SUBMITTING THIS FORM:**

**PHONE:**

**EMAIL:**

**Please complete all fields.**

If you would like a registration form or flyer attached to the calendar entry, send it as a .pdf via email with this completed form. If you would like an image then please send it as a .jpeg file.

To use this interactive form please download it to your computer, enter data in the blue boxes and save. Return this completed form to the FFGC Corresponding Secretary, Ingrid Velez at [yellowrose11977@aol.com](mailto:yellowrose11977@aol.com).

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