

# SPECIAL EVENTS SCHEDULING FORM

DATE:

## CONTACT INFORMATION

NAME(First, Last)

ORGANIZATION

EMAIL

PHONE

## EVENT INFORMATION

NAME OF EVENT

DATE OF EVENT

ADDRESS OF EVENT

START AND END TIME

OPEN TO THE PUBLIC?  
INVITE/RSVP ONLY?

ANTICIPATED NUMBER OF ATTENDEES

VIP ATTENDING?

ANY KNOWN THREATS?

WHO SHOULD BE INVOICED?

ADDITIONAL INFORMATION

NAME:

ADDRESS:

PHONE:

EMAIL:

Please completely fill out this form and email it to [jbrown@securecommunitynetwork.org](mailto:jbrown@securecommunitynetwork.org)  
Special requests will not be processed until this form is completed.

Thank you!