



United States Power Squadrons©

Bellingham Sail and Power Squadron

Event Form

Event Name:											
Event Date:				Location:				Start Time:			
RSVP:		Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>	Cutoff Date:					
RSVP Contact Email:											
Cost:				Items to bring:							
Contact for additional information											
Describe Program:											
Speaker Information:											
Other Considerations											
Submitted by:						Date:					