Local Event Description Form

River Day – June 11, 2011

Please provide the St. Clair County Health Department with an idea of what you are planning; information can be updated as progress is made in getting organized. This information will be used in all media marketing to support River Day events across St. Clair County. Please list the information exactly how you would like it to be posted on the www.RiverDayFun.com website.

Sponsoring Organization: _____
{Please list it exactly how you want it printed in marketing materials)

Name of Event: _____

Description of Event:

Location of event, Address:_____
City/Zip: _____

Time(s) of event: From_____ to _____

From_____ to _____

Contact Person:_____ Day phone: _____

Email: _____

Other organizations your partnering with:_____

Number of people anticipated: _____
(Conservative number for supply orders)

RETURN COMPLETED FORMS TO:

St. Clair County Health Department ✦ Sheri Faust ✦ 3415 28th Street ✦ Port Huron, MI 48060
Phone: 810.987.5306 ✦ Fax: 810.985.2150 ✦ Email: riverday@stclaircounty.org ✦ www.RiverDayFun.com