

J.I.M. EVENT: COMMUNITY CONTACT SHEET

EVENT NAME: _____ DATE: _____

LOCATION: _____

START TIME: _____ ENDING TIME: _____

CONTACT PERSON: _____

CONTACT NUMBERS: Phone # _____

Cell Phone # _____

FAX # _____

E-Mail _____

DESCRIPTION OF THE EVENT:

(For Office use only)

PARTICIPATION CONFIRMED: _____ YES _____ NO

POST:

JIM CALENDAR: TENTATIVE _____ CONFIRMED _____ DONE _____

SAO WEBSITE: DON'T POST _____ POST _____ DONE _____

LOGISTICS:

- USE JIM
- TABLE TOP ONLY
- ELECTRIC HOOK UP FOR JIM
- SITE VISIT
- VOLUNTEERS NEEDED FOR WHAT ACTIVITIES:
 - HAND OUT INFORMATION _____
 - FINGER PRINTING _____
 - _____ _____
 - _____ _____

INSTRUCTIONS:

Please fax this sheet to an event coordinator at the below listed fax number.

EVENT COORDINATOR ULISES MARTINEZ AT 305-547-0844 OR
LUIS MARTINEZ AT 305-547-0754

FAX: 305-547-0273

JIM EVENT CALENDAR: www.MiamiSAO.com