

Woodworkers of Central New York, Inc.

Event Notification & Approval



Description	Information
Member Name, Phone Number & Email	
Event Contact Name (if different from member making notification), Phone Number & Email	
Title of Event	
Type of Event	<input type="checkbox"/> Talk at WWCNY location <input type="checkbox"/> Workshop at WWCNY location <input type="checkbox"/> Demonstration at WWCNY location <input type="checkbox"/> Interactive Remote Demonstration <input type="checkbox"/> Other _____
One sentence description of event for publicity and newsletter	
Cost of admission to event (if any)	\$_____ members \$_____ non-members
Location of Event	
Event Date(s) & Times(s)	

Sponsoring WWCNY Committee: Corporate Carvers Scrollers Woodturners Woodworkers

Committee Chairperson or Board Approval: By _____ Date _____

Budgeted Event:

N/A (No cost)

Yes If yes, President or Board Approval: By _____ Date _____

If a Certification of Liability Insurance (COLI) is requested by the Event Sponsor or Venue, contact the WWCNY Treasurer at treasurer.woodcny@gmail.com

Completed form shall be emailed to WWCNY Secretary at woodcny@gmail.com or mailed to Woodworkers of Central New York, Inc., P O Box 661, Syracuse, NY 13214