

Springwater Bicentennial Event Work Sheet

Event _____

Person in charge _____

Date of Event _____

Time of Event _____

Location of Event _____

Is there any cost? Yes_____ No_____ Do you have cost covered? Yes_____ No_____

If no how much is estimated cost? \$_____

Has location been booked Yes_____ No_____

Please give a brief description of how your event will play out with an approximate time table

List of people helping with your event

Send form to:

Springwater Bicentennial Committee

PO Box # 3

Springwater, NY 14560