

**Club Name:** type here

**Contact Person’s Name:** type here **Phone Number:** type here

**Fax Number:** type here **Email Address:** type here

**Date of Event:** type here **One Time Event** [ ]  **OR** **Recurring Event**[ ]

**Description of event:** type description here

**Trip/Event Location Information:**

**Name of Location:** type here

**Address:** type here

**Contact Person’s Name:** type here **Phone Number:** type here

**Contact Person’s Fax:** type here **Email Address:** type here

**\*Please submit to The Seeing Eye, Inc. 5 business days prior to the event**

**Email:** **fkazanfer@seeingeye.org**

**Fax: 973.993.1714**

**P.O. Box 375, Morristown, NJ 07963-0375**