



CALENDAR OF EVENTS
**Mountain Home Area
Chamber of Commerce**

Date Submitted: _____ Date Entered on Computer: _____

Name of Event: _____

Chamber Member: YES NO

Sponsoring Organization: _____

Place: _____

Date of Event: _____ Inclement Weather Date: _____

**Marquee Date(s) Requested: _____

Time of Event: _____

Admission Fee: _____

Purpose: _____

Features and Highlights of Event: _____

Contact Name/Phone Number/Email: _____

**Chamber members have first priority to display messages on marquee.

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