

Daily Calendar of Events
Local Event/Fundraiser

Event name: _____

Event sponsor: _____

Time, day and place: _____

Type of event: _____

Contact number to be printed with calendar notice _____

Additional pertinent information: _____

OR
Club meeting notice

Club name: _____

Date, time and place of meeting: _____

Contact number to be printed with calendar notice _____

Additional pertinent information: _____

Name & daytime phone number of person submitting information:

Please return to: Galion Inquirer, 129 H.W.E, P. O. Box 648, Galion, OH 44833 or e-mail requested information on the form to: obits@galioninquirer.com