



Crabtowne Skiers, Inc.
Trip / Activity Proposal
No Cost

ITEMS UNDERLINED = REQUIRED!

| | | |
|-------------------------------|------------------|--------|
| <u>Activity Title:</u> | | |
| <u>Date(s):</u> | <u>Location:</u> | |
| <u>Time / Departure:</u> | | |
| <u>Leader Name:</u> | <u>Phone #:</u> | Email: |
| <u>Assistant Name:</u> | <u>Phone #:</u> | Email: |
| <u>Comments / Remarks:</u> | | |

Newsletter Article

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|---|
| <u>Title</u> - (Limit 5 Words): |
| <u>When</u> - (Days of Week and Dates): |
| <u>Where</u> - (Place, City, State): |
| <u>Time</u> - (From – To, a.m. & p.m.): |
| <u>Description</u> - (Limit 50 Words) - Include Drop Dead Date! |
| <u>Directions</u> - (Limit 25 Words, or Hand-Out): |

Committee Chair Approval: _____
Signature