



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

<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