

EVENT NOTICE

Please complete the following information for each event

TO: ARCADIA OF ARCADIA
ARCADIA POLICE DEPARTMENT

RE: SCHEDULED EVENT

EVENT SPONSOR: _____

SPONSOR/CONTACT PERSON: _____

CONTACT TELEPHONE: _____

LOCATION OF EVENT: Arcadia Round Barn

Date of Event: _____

Time of Event: _____ Beginning _____ Ending

Description of Event

ESTIMATED # OF GUEST/PERSONS ATTENDING: _____

Sent to City Hall by:

Email: _____ Fax: _____