



WBCCI

803 E. Pike Street
P.O. Box 612
Jackson Center, OH 45334-0612

INSTRUCTIONS: download this form first,
save it to your disc,
then open it with Adobe Reader
then edit it, then save it...
Finally, email it.

Alternate use: is to print form to paper,
manually fill-in fields,
then physically mail completed paper
version.

UNIT ACTIVITIES FOR THE *BLUE BERET* EVENT SCHEDULE

Please submit all unit activities below for inclusion in the **Event Schedule** section of the *Blue Beret* each month. If you prefer, you may complete the online form on the club website (www.wbcci.org). This form is under Members' Info, General forms then General Forms for Units. Email completed forms to Deb Sailor at dsailor@wbcci.org.

Deadline – DECEMBER 15th

(A copy of this report should be sent to your Region President and Vice Presidents.)

Submitted By: _____ Unit Website: _____

Unit Name: _____ Unit Number: _____

Activity Dates: _____ thru _____ Time: _____ AM or PM

Name of Event: _____

Location Name: _____

Location Address: _____

Person to Contact: _____ Phone: _____ Email: _____

Activity Dates: _____ thru _____ Time: _____ AM or PM

Name of Event: _____

Location Name: _____

Location Address: _____

Person to Contact: _____ Phone: _____ Email: _____

Activity Dates: _____ thru _____ Time: _____ AM or PM

Name of Event: _____

Location Name: _____

Location Address: _____

Person to Contact: _____ Phone: _____ Email: _____

BLUE BERET EVENT SCHEDULE

PAGE 2

Activity Dates: _____ thru _____ Time: _____ AM or PM

Name of Event: _____

Location Name: _____

Location Address: _____

Person to Contact: _____ Phone: _____ Email: _____

Activity Dates: _____ thru _____ Time: _____ AM or PM

Name of Event: _____

Location Name: _____

Location Address: _____

Person to Contact: _____ Phone: _____ Email: _____

Activity Dates: _____ thru _____ Time: _____ AM or PM

Name of Event: _____

Location Name: _____

Location Address: _____

Person to Contact: _____ Phone: _____ Email: _____

Activity Dates: _____ thru _____ Time: _____ AM or PM

Name of Event: _____

Location Name: _____

Location Address: _____

Person to Contact: _____ Phone: _____ Email: _____

BLUE BERET EVENT SCHEDULE

PAGE 3

Activity Dates: _____ thru _____ Time: _____ AM or PM

Name of Event: _____

Location Name: _____

Location Address: _____

Person to Contact: _____ Phone: _____ Email: _____

Activity Dates: _____ thru _____ Time: _____ AM or PM

Name of Event: _____

Location Name: _____

Location Address: _____

Person to Contact: _____ Phone: _____ Email: _____

Activity Dates: _____ thru _____ Time: _____ AM or PM

Name of Event: _____

Location Name: _____

Location Address: _____

Person to Contact: _____ Phone: _____ Email: _____

Activity Dates: _____ thru _____ Time: _____ AM or PM

Name of Event: _____

Location Name: _____

Location Address: _____

Person to Contact: _____ Phone: _____ Email: _____