Cesar E. Chavez Commemorative Event

Notification Form

Contact Info:

Contact Person's Full Name: _____

Phone Number: _____ E-Mail:_____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Event Details:

Name of Event:_____

Organization in Charge of Event: _____

Start Time: _____ End Time: _____ Attendance Number Expected: _____

Target Audience:_____

Location Name: _____

Location Street Address: _____

City:_____ State:_____ Zip Code:_____

Brief Event Description: _____

_____

_____

_____

CESAR E. CHAVEZ FOUNDATION
634 S. SPRING STREET, SUITE 400, LOS ANGELES, CA 90014
PHONE: 213 362 0260 FAX: 213 362 0265
www.cesarechavezfoundation.org info@cecfmail.org