**Event Registration Form**

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| **Organisation/Group** |  |
| **Title of event** |  |
| **Description of event** |  |
| **Date/s:****Start and finish time of event/s** |  |
| **Venue of event** |  |
| **Target audience of event** |  |
| **Any aims of event** |  |
| **Contact name and details to ask for further information about the event (please include at least email address, phone number and social media)** |  |
| **Fee if necessary** |  |

Once completed, please return this form to Cheryl at cheryl@macc.org.uk