



# ESA Calendar

## Event Entry Form

### Event Details

Event Title	<input type="text"/>														
Event Date	<input type="text"/>														
Event Start Time	<input type="text"/>														
Event End Time	<input type="text"/>														
Repeating Event	<input type="text"/>														
Event Type	<table border="1"><thead><tr><th>WASPA</th><th>FISTF</th><th>TSPA</th><th>ESA</th><th>Club Night</th><th>Old School</th><th>Collector</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	WASPA	FISTF	TSPA	ESA	Club Night	Old School	Collector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WASPA	FISTF	TSPA	ESA	Club Night	Old School	Collector									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

### Venue Details

Venue Name	<input type="text"/>
Venue Address	<input type="text"/>
Venue Website	<input type="text"/>

### Organizer Details

Organizer Name	<input type="text"/>
Organizer Phone	<input type="text"/>
Organizer Email	<input type="text"/>
Organizer Website	<input type="text"/>

### **Event Description & any other information**

Event Poster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Once completed send to Simon Bodily**