

Event Summary Form

Please fill out each sections in its entirety and submit form to the Second Curl Ambassador at (email address) **and** CC Campus Curlz chapter at (chapter email address) **no later than 1 week** after your event.

**Name:**

**Committee:**

**Position:**

**Title of Event:**

**Purpose of Event:** .

**Date of Event:**

**Time of Event:**

**Location of Event:**

**Turn Out:**

**Improvements:**