

Catskill Community Center
"Nerve Center" Information Form

Name of Agency/Organization: _____

Name of Representative: _____

Contact Number : _____ Contact Email: _____

Important Dates coming up in the next 3 months:

Date	Description	For more info contact...
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Website address (if applicable): _____

Would you like to have a link from our website? Yes No

How often does your printed material become available to the public?

Would you like the CCC to display this information? YES NO

Other information.....
