



CALENDAR OF EVENTS APPLICATION

* Event Name: _____

* Beginning Date of Event: _____

* End Date of Event: _____

For IBOT USE:

Date Entered: _____

Submitted by CVB: _____

Region: _____

Sponsoring Organization: _____

* Description: (25 words or less) _____

- * Select One:
- | | |
|---|--|
| <input type="checkbox"/> Art, Museums & Culture | <input type="checkbox"/> Festivals |
| <input type="checkbox"/> Concerts & Entertainment | <input type="checkbox"/> Holidays |
| <input type="checkbox"/> Conventions & Meetings | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Family Fun | <input type="checkbox"/> Theatre |
| | <input type="checkbox"/> Unique Events |

* Address (Event Location): _____

* City: _____ * State: _____ * Zip: _____

Mailing Address and Name of Sponsoring Organization (if different than above): _____

City: _____ State: _____ Zip: _____

* Phone Number (Main): _____ Fax Number: _____

Phone Number (Toll Free): _____ TTY Number: _____

Web Address: _____

Email Address: _____

Tickets can be purchased: By phone: # (____) _____

Online: website address: _____

* Required fields

