

2010 Event Information Form




Event Name: _____

Event Type: (Please check only one of the following.)

- | | | | |
|-------------------------------------|--|--|------------------------------------|
| Conference <input type="checkbox"/> | Entertainment <input type="checkbox"/> | Exhibit <input type="checkbox"/> | Fair/Show <input type="checkbox"/> |
| Festival <input type="checkbox"/> | Fundraising Benefit <input type="checkbox"/> | Holiday <input type="checkbox"/> | Market <input type="checkbox"/> |
| Music <input type="checkbox"/> | Outdoor Recreation <input type="checkbox"/> | Spectator Sport <input type="checkbox"/> | Theater <input type="checkbox"/> |
| Tournament <input type="checkbox"/> | Workshop <input type="checkbox"/> | | |

Town: _____ **Location:** _____

Target Audience (Please check all that apply):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Cultural | Motorsports | Education | Family |

Begin Date: _____ **End Date:** _____ **Time:** _____

Host: _____

Contact Name: _____ **Phone:** _____

Email: _____

Website URL: _____

Event Details: (Please limit to 50 words.)

Return to the Community Events Manager at the HCCVB via one of the following:

Mail: 8 West Main Street, Danville, IN 46122

Fax: 317.718.9913

Email: Tracy@TourHendricksCounty.com

SUBMISSION DEADLINE: JANUARY 15.2010