Return this form or for inquiries contact:

WCTB
PO Box 229
Salem, IN
info@washingtoncountrytourism.com

Washington County Tourism Bureau
2016 / 2017 Event Listing Form

Events submitted will be considered for website and newsletter publications.
The WCTB reserves the right to only publish information that meets criteria set by Washington County Tourism Bureau.

Please PRINT or TYPE

* Denotes Required Field

*CONTACT INFORMATION: This information is for in-house use only and will NOT be shared or published.
*Contact Name:_____
*Organization Name: _____
*Mailing Address: _____
*City_____ *State:_____ *Zip:_____
*Email Address: _____
*Phone: _____ *Alternate Number:_____

*LISTING INFORMATION:
This information MAY OR MAY NOT appear in WCTB 2012/2013 publications and/or on washingtoncountytourism.com
*Festival/Event Name:_____
*Location of Festival (street, city & zip code): _____
*Place/Structure (i.e., square in downtown Salem): _____
*Contact Phone: _____ Website Address: _____
On Facebook ____Yes _____No Name of Facebook page _____
*Description of the festival/event (*copy may be edited for style, grammar, clarity, consistency and conciseness*):

***List the date(s) & time the event is to take place.**

Date(s) 2013	***Opening Times***	***Closing Times***

Date(s) 2014	***Opening Times***	***Closing Times***

*Price of Admission: $_____ *Handicapped Accessible: ☐ yes ☐ no
*How many years has this event/festival taken place: _____
*What is the estimated overall attendance: _____
*What is the percentage of attendance from outside Washington County: _____%
*What methods of marketing do you use to promote this event: _____

☐ High Quality Photo/Photos enclosed (To be used for WCTB website and/or printed tourism publications)

** Please note that submitting an application does not guarantee publication. Incomplete applications will not be considered.*

For WCTB Office Use ONLY
Date Received _____
Tourist Event _____ Community Event _____
Approved by: _____