



2020 Event Listing Application Form

Event Name											
Submitted By:	Name:	Email:									
	Title:										
Event Day(s)											
Event Times											
Event Category <i>Check all that apply</i>	<input type="checkbox"/> Agriculture <input type="checkbox"/> Food <input type="checkbox"/> Music <input type="checkbox"/> Theatre/Arts <input type="checkbox"/> Visual Arts	<input type="checkbox"/> Exhibitions <input type="checkbox"/> Couples <input type="checkbox"/> Families <input type="checkbox"/> History <input type="checkbox"/> Nature	<input type="checkbox"/> Sports <input type="checkbox"/> Wine <input type="checkbox"/> Annual Event <input type="checkbox"/> Holiday								
Location	<input type="checkbox"/> Wiarthon <input type="checkbox"/> Sauble Beach	<input type="checkbox"/> Allenford <input type="checkbox"/> Hepworth	<input type="checkbox"/> Hope Bay <input type="checkbox"/> Red Bay								
Event Description <i>(Brief Description of Event 100 words or less)</i>											
Admission Fees (if applicable)											
Event Venue & Address	<i>Street Number and Name, City, Province, Postal Code</i>										
Event Phone <i>Published for inquiries</i>		Event Email <i>Published for inquiries</i>									
Event Website											
Permissions and Authorizations	<p>By signing here I _____ acknowledge and agree that the information included on this form may be included in advertising material being prepared by the Town, including:</p> <p>Please check all that apply:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Website</td> <td style="width: 50%;"></td> </tr> <tr> <td>Print</td> <td></td> </tr> <tr> <td>Radio</td> <td></td> </tr> <tr> <td>TV</td> <td></td> </tr> </table> <p>_____</p> <p style="display: flex; justify-content: space-between;">SignatureDate</p>			Website		Print		Radio		TV	
Website											
Print											
Radio											
TV											