



## 2019 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"/> Exhibitions	<input type="checkbox"/> Sports
	<input type="checkbox"/> Food	<input type="checkbox"/> Couples	<input type="checkbox"/> Wine
	<input type="checkbox"/> Music	<input type="checkbox"/> Families	<input type="checkbox"/> Annual Event
	<input type="checkbox"/> Theatre/Arts	<input type="checkbox"/> History	<input type="checkbox"/> Holiday
	<input type="checkbox"/> Visual Arts	<input type="checkbox"/> Nature	
Location	<input type="checkbox"/> Wiarthon	<input type="checkbox"/> Allenford	<input type="checkbox"/> Hope Bay
	<input type="checkbox"/> Sauble Beach	<input type="checkbox"/> Hepworth	<input type="checkbox"/> Red Bay
Event Description <i>(Brief Description of Event 100 words or less)</i>			
Admission Fees (if applicable)			
Event Venue & Address	<b>Street Number and Name, City, Province, Postal Code</b>		
Event Phone <i>Published for inquiries</i>	Event Email <i>Published for inquiries</i>		
Event Website			
Permissions and Authorizations	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:		
	Please check all that apply:		
	<input type="checkbox"/> Website	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Print	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Radio	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> TV	<input type="checkbox"/>	<input type="checkbox"/>
	Signature _____		Date _____