

**2009-2010
Calendar of Festivals & Events Questionnaire**

Date of Event/ Festival: _____

Name of Event/ Festival: _____

Location of Event/Festival: _____ City/Zip: _____

Time of Event/ Festival: _____

Admission charged? Yes No

Group Discount? Yes No

Bus Parking? Yes No

PERSON TO CONTACT FOR MORE INFORMATION (For Public Record)

Name: _____ Organization: _____

Address: _____ City/State/Zip: _____

Daytime phone number (For Public Contact): _____ Email: _____

Description (50 words or less): _____

Year event started: _____ Projected attendance: _____ Previous attendance: _____

Event/ Festival website: _____

Specific highlights of this year's festival: _____

PERSON SUBMITTING FORM:

Name: _____ Organization: _____

Address: _____ City/State/Zip: _____

Daytime phone number: _____ Email: _____