

South Dakota Calendar of Events

FORMS MUST BE COMPLETED IN THEIR ENTIRETY

Use a separate form for each entry. This form may be duplicated. Please type or print.

2012 Date of Event: _____ **2013 Date of Event (if available):** _____

Name of Event: _____

Please remember to fill in correct contact telephone number(s).

Items in **BOLD** are required information for processing. (Please submit the name of the person or organization that can be contacted by our office or the general public for more information on this event):

Contact name _____

Organization _____ **Organization web site** _____

City where event takes place _____

Location where event take place _____

Physical address of event location _____

Event phone number if different from contact number _____

Event web site _____

Contact mailing address _____

City _____ State _____ Zip _____

Phone numbers _____ Contact email: _____

DESCRIPTION OF EVENT

Featured event activities (please be complete): _____

Unique event activities (example: world's only event of its kind, 100th, annual, etc.): _____

Please circle and/or fill in:

Admission? YES NO Adults \$ _____ Children \$ _____

Annual Event? YES NO Approximate attendance last year _____

Wheelchair Access? YES NO Annual event for how many years? _____

State or National Park entrance license required? YES NO

Signature of submitter _____ Telephone _____ Date _____