



**Event Survey Form
2015-2016**

- ▶ Exact Name of Event: _____
 - Exact Date(s): _____, 2015 or 2016 (*please circle one*).
 - Hours/Schedule: _____
 - Location (site/street/town/city): _____
 - Brief description of event: _____

- ▶ Admission Charge for Spectators: _____
- ▶ Is the Event Venue Accessible for the Disabled? Yes () No ()
- ▶ Web Site for Event: _____
- ▶ For annual events: 2015 or 2016, will be the _____ year (e.g. **10th** Annual Daffodil Festival)
- ▶ Telephone Number for Public Information (*include area code*): _____
- ▶ Event Email Address: _____

- ▶ Contact person and title (*please print*):

- ▶ Mailing address (*include organization, address, town and zip code*): _____

- ▶ Contact Email Address: _____
- ▶ For Office use only: Off-season Telephone Number (*include area code*): _____
- ▶ Spectator attendance last year (*approximate*): _____
- ▶ Person supplying the information (*please print*): _____

- Date Submitted: _____

Submit to: Jean Hebert, Calendar Editor
Connecticut Office of Tourism/DECD
One Constitution Plaza, 2nd Floor
Hartford, CT 06103
Fax: 860-707-1811
Email: Jean.Hebert@ct.gov