

EVENT DETAILS:

Event Name:			
Event Date/s:		Event Time:	
Event Venue:			
Venue Address:			
Event Contact Details:			
Contact Name:			
Contact Position:			
Postal Address:			
Town/City:		Postcode:	
Business Phone Number:		After Hours:	
Business Fax Number:		Mobile:	
Email Address:			
Website Address:			

EVENT TYPE:

Please tick all relevant boxes:

Exhibition/Show

- Agriculture
- Education
- Exhibition/Show
- Lifestyle
- Military
- Recreation
- Science/Technology
- Trade

Festival/Other

- Arts/Culture
- Carnival
- Celebration/Commemoration
- Festival
- Food & Wine
- Family Entertainment
- Field Day
- Heritage
- Markets
- Sports
- Other - Specify _____

Performance

- Ballet
- Circus
- Comedy
- Dance
- Music
- Performance
- Theatre

FURTHER COLLATERAL:

Please provide any additional information you have which is not specifically requested here such as additional contacts, ticket packages, brochures etc. Please keep the Maitland Visitor Information Centre informed of the progress of organisation for your event and any changes which may occur to the information supplied.

PHOTOGRAPHY/IMAGERY:

A photograph is REQUIRED for the listing to be placed on www.maitlandhuntervalley.com.au. Please fill out the image release form (specifications included) and send your photographs to info@maitlandhuntervalley.com.au.

<input type="checkbox"/> Yes, I have emailed an image <input type="checkbox"/> Yes, I have provided an image CD

EVENT DESCRIPTION:

Please provide a description of your event (300 words max.) - Attach an additional sheet if required or email text to info@maitlandhuntervalley.com.au.

FREQUENCY:

Please indicate the regularity of your event:

- | | | |
|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Bi-annual | <input type="checkbox"/> Daily |
| <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Once Only |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Weekly | |

ENTRY FEES:

Please indicate your entry fee structure where applicable:

Free Entry: YES NO

Entry Fees:

Type: (eg Adult, Child, Concession)	Child Age From:	Child Age To:	Fee/Notes:

PUBLIC AUTHORISATION:

I certify that the event has all required approvals and licences to operate as described in this notification and has adequate Public Liability insurance cover for the event. I acknowledge that the information provided may be publicly distributed, used in the quarterly Calendar of Events, websites and disseminated to other organisation and members of the public. I authorise such distribution including contact details as provided on this notification.

Signed by:	
Print Name	
Date:	

PLEASE NOTE: NO PUBLICITY OF EVENTS WILL OCCUR UNLESS THIS PUBLICATION AUTHORISATION IS SIGNED.

Please return all documents to:

Maitland Visitor Information Centre
Cnr New England Highway & High Street
(PO Box 220) MAITLAND NSW 2320