



## 2017 CALLITHUMPIAN EVENTS

ORGANIZATION SPONSORING EVENT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE #: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DESCRIPTION OF EVENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEADLINE:** To ensure being listed in flyer this form must be in the Chamber Office by September 1, 2017. There will be a \$15 fee for listing your event in the flyer, which must accompany this form. **ALL FEES ARE NON-REFUNDABLE.**  
No events will be accepted by phone.

Please return form to: Callithumpian Festival Committee  
P.O. Box 902  
Decatur, IN 46733.

\_\_\_\_\_ / \_\_\_\_\_

DATE

SIGNATURE

PLEASE PRINT NAME