



2018 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 August 31, 2018. 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