



Contact Information

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Organization (if associated): _____

Event Information

Name of Event: _____

Date(s) of Event: _____

Event Location: _____

Event Website/Facebook: _____

Target Demographics for this Event: _____

Expected Attendance: _____

Funding Requested: _____

Brief Description of Event: _____

(cont. next page)

(cont.) _____

Describe how your event will attract visitors from outside a 75-mile radius:

Describe the marketing plan for your event: _____

Please return the completed application to:

Okoboji Tourism Committee

PO Box 215

Okoboji, IA 51355

rebecca@vacationokoboji.com