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**TOURISM SUB-COMMITTEE OF THE  
CLARK COUNTY STRATEGIC PLAN  
EVENT INFORMATION FORM**

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*(Please Print)*

Name of Event: \_\_\_\_\_

Event Organizer: \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ phone \_\_\_\_\_

Type of Event: (check all that apply)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Festival          | <input type="checkbox"/> University/School Event | <input type="checkbox"/> Social Event |
| <input type="checkbox"/> Sports Tournament | <input type="checkbox"/> Theater or Music Event  | <input type="checkbox"/> Fundraiser   |
| <input type="checkbox"/> Other _____       |  |                                       |

Date(s) of Event: \_\_\_\_\_

Event Time(s): \_\_\_\_\_

Venue/Location: \_\_\_\_\_

Admission Charged?  No  Yes Price of Admission \$ \_\_\_\_\_

Can this information be shared with other tourist promoters outside of Clark County?

- No  Yes

Number of people expected/or have attended in the past: \_\_\_\_\_

Event web-site, if available: \_\_\_\_\_

Number of years event has been held: \_\_\_\_\_

Will food/beverages be sold?  No  Yes

Who is the demographic target for this event? (check all that apply)

- Children  Teenagers  College Students  Families  Seniors
- Other \_\_\_\_\_

How do you promote and advertise this event?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of the event/activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return completed form to: Clark County Strategic Plan  
ATTN: Carrie Roberson  
605 Main Street, Suite 203  
Arkadelphia, AR 71923