

CALENDAR OF EVENTS SUBMISSION FORM

Please print



PRINCE WILLIAM COUNTY/MANASSAS
CONVENTION & VISITORS BUREAU

Title of Event: _____

Event Date(s) and Day(s) of the Week and Duration: _____

Event Time: _____

Event Address (street, city and zip): _____

Event Phone (For public info): _____

Event Description: _____

Cost of Admission (indicate if there is no charge): _____

Reservations Required (circle one): **YES or No**

Parking Available (circle one): **YES or No**

Parking Charges (circle one): **YES or No**

Shuttle Options (if no parking is available): **YES or No**

Shuttle Charges: **YES or No**

Shuttle drop-off/pick-up Location: _____

Motorcoach/Bus Parking (circle one): **YES or No**

Handicapped-accessible (circle one): **YES or No**

Attendance Limit: _____

Prior Year Estimated Attendance: _____

Event images Available (300 DPI or higher): **YES or No**

Sponsoring Organization: _____

Planning Organization: _____

Event Planner Name: _____ **Event Planner Phone:** _____

Event Planner Email: _____

Event Website: _____

Submit Via Fax to 703-396-7160