



EVENT REQUEST FOR ADVERTISING FORM
 ONLY TO BE DONE IF CEO HAS AUTHORISED

COUNCIL USE ONLY

Associated Event Permit Number _____ **Advertising** **APPROVED / DENIED**
If Applicable

Signed _____ --Date: _____
Chief Executive Officer

Event Name: _____

Dates: _____

Times: _____

Event Description: _____

Venue: _____

Ticket Costs: _____

Name of Organising Committee: _____

Address: _____

Contact Person: _____

Telephone: _____ Mobile: _____

Fax No: _____ Email: _____

OFFICE USE ONLY

Registered.	Organisation	Notified
	DCBW Website	
	Port Broughton Tourism Office	
	Bute Council Office	
	Bulk Notification Email to Other Councils in area	
	Other: <i>eg. Echo</i>	