

CONTACT INFORMATION

Business Name			
Name of Contact	t		
Mailing Address			
Physical Street A	ddress (if different)		
City		State	Zip Code
Business Phone		Cell Phone	
Email Address			
Event Date and 1	lime		
Type of Event	☐ Grand Opening ☐ (includ	☐ Grand Re-Opening e number of years) Anniversary	
DETAILS OF EVENT			
TERMS AND CONDITION The Town of Adams	ns 3' Responsibilities include:		
		nda and invitation to speakers	
 Invite key business/community groups, including elected officials and local business groups 			
	sors, ribbon, and other no		
		nvite media to cover the event	
		ccount(s) to provide a post-event red	cap
	sponsibilities include:	Adams about the avent and business	es at least 2 weeks prior to
 Provide inf preferred e 		Adams about the event and busines	ss, at least 2 weeks prior to
•		s (if desired, not required).	
 Speak at th 		(· · · · · · · · · · · · · · · · · · ·	
Signature			Date