

SALT RIVER EXPO
DISCOVERY DAY
MAY 14, 2010
REGISTRATION

In order that we may be prepared to provide all groups with an enjoyable learning experience, please take a moment to help us understand your group's needs.

SCHOOL _____

NUMBER OF STUDENTS

K-5 _____

JH _____

HS _____

NUMBER OF BUSES _____

NUMBER OF VEHICLES NEEDING EXTRA PARKING SPACE FOR LIFT DEVICES,
ECT _____

EXPECTED ARRIVAL TIME _____ (EVENT HOURS 9-4)

EXPECTED DEPARTURE TIME _____

FOOD VENDORS WILL BE AVAILABLE

ALL DISPLAYS, RESTROOMS, AND CONCESSIONS ARE ADA ACCESSIBLE

CONTACT PERSON _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

NEED MORE INFORMATION?

JOHN HAWKINS CELL 573-355-4365

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Mail to:

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Monroe City, Mo. 63456

Additional copies of this form are available at the MTL Chamber of Commerce website:
www.visitmarktwainlake.org

