

# EVENT ADVICE FORM

EVENT NAME

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Event Date(s) \_\_\_\_\_

Operating Hours \_\_\_\_\_

EVENT LOCATION

Address \_\_\_\_\_

Town \_\_\_\_\_ Postcode \_\_\_\_\_

EVENT CONTACT DETAILS - Contact Name & Number will be used for publication.

Contact Full Name \_\_\_\_\_

Contact Position \_\_\_\_\_

Postal Address \_\_\_\_\_

Town \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ After Hours \_\_\_\_\_

Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

EVENT DESCRIPTION - Please provide a detailed description of your event for publication (min. 50 words)

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IMAGES

Please only supply one image per event unless requested by the Singleton Visitor Information and Enterprise Centre. Images must be of high quality. Sized at 200 x 200 pixels saved at 300dpi jpeg file and saved for web.

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ENTRY FEES     Yes     No

Please indicate below your entry fee structure where applicable.

Type: (eg. Adult, Child, Conc.)	Child age from >	Child age to <	Fee / Notes

**PUBLICATION AUTHORISATION:**

Please provide any additional information you have, which is not specifically listed here such as additional contacts, ticket packages, brochures, photographs etc. Please keep the SVIEC informed on the progress of the organisation of your event and any changes which may occur to the information supplied. Information is unable to be changed unless accompanied by an updated Event Advice Form.

Events will be listed onto the website and other relevant social media within five days of receipt of Event Advice Form.

I certify that I am an authorised officer to exercise this agreement and the event has all required approvals and licences to operate as described in this notification and has adequate Public Liability insurance cover for the event. I acknowledge that the information provided will be publicly distributed and I authorise such distribution including contact details as provided on this notification.

The SVIEC does not accept responsibility or liability for incorrect information provided on this form.  
 Event information will be published on the website at the discretion of the SVIEC.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE NOTE:**    No publicity of events will occur unless this publication authorisation is signed.

PLEASE RETURN THIS FORM TO:

SINGLETON VISITOR INFORMATION AND ENTERPRISE CENTRE  
 PO Box 314, Townhead Park, New England Highway, Singleton NSW 2330  
 T 02 6571 5888    F 02 6571 5999  
 E [events@singleton.nsw.gov.au](mailto:events@singleton.nsw.gov.au)  
[www.visitsingleton.com](http://www.visitsingleton.com)

OFFICE USE ONLY:    Website Entry

