

Property Name:		
Primary Address <i>(must be a physical NC address):</i>		
City:	State: North Carolina	Zip <i>(Five Digit):</i>
Primary Telephone: <i>Circle: Business Toll Free Home Cell</i>	Secondary Telephone: <i>Circle: Business Toll Free Home Cell</i>	Fax:
Property Description: <i>(max 1,000 characters including spaces, or approximately 125 words.)</i>		
Email:		
Web Address:		
Choose as many categories as apply:		
<input type="checkbox"/> Agritourism <input type="checkbox"/> Amusements & Theme Parks <input type="checkbox"/> Animal Parks & Zoos <input type="checkbox"/> Aquariums <input type="checkbox"/> Arcades <input type="checkbox"/> Billiards & Darts <input type="checkbox"/> Casinos	<input type="checkbox"/> Gardens & Arboretums <input type="checkbox"/> Lighthouses <input type="checkbox"/> Music <input type="checkbox"/> Natural Attractions <input type="checkbox"/> Nightclubs, Nightlife & Performers <input type="checkbox"/> Outdoor Drama <input type="checkbox"/> Trails & Tours	
Amenities available on property site: Choose as many as apply		
<input type="checkbox"/> Advance Notice Required for Groups <input type="checkbox"/> Banquet Facilities <input type="checkbox"/> Catering Available <input type="checkbox"/> Children's Activities <input type="checkbox"/> Donations Accepted <input type="checkbox"/> Free Parking <input type="checkbox"/> Gift / Retail Shop	<input type="checkbox"/> Group Rate Available <input type="checkbox"/> Handicap Accessible <input type="checkbox"/> Hiking Trail <input type="checkbox"/> Meeting Facility <input type="checkbox"/> Motorcoach Parking <input type="checkbox"/> Picnic Area <input type="checkbox"/> Public Restroom	<input type="checkbox"/> Public Telephone <input type="checkbox"/> Reservation Deposit Required <input type="checkbox"/> Restaurant on Site <input type="checkbox"/> Smoking – Areas Available <input type="checkbox"/> Smoking – Non-Smoking Only <input type="checkbox"/> Tour – Guided <input type="checkbox"/> Tour – Self-Guided <input type="checkbox"/> Tour Group Greeter
Hours of Operation:	Season of Operation:	General Contact:
Group/Trade Contact:	Min # to Qualify for Group Rate:	Admission Charge:
Driving Directions:		
Thank you for taking the time to fill out this form. Please fax it back to your county contact:		