



www.CreeksideSC.com Consent Form

Check one:

- Business House of Worship Other
 Club/Organization Community Aid Organization

Name of business/group/organization: _____

Physical Address (if applicable): _____

Contact Information (contact person, phone, e-mail, etc): _____

Web site: _____

Brief description of business/group/organization: _____

Is this a non-profit organization? Yes No

Would you like an event listed on our calendar? Yes No

Is the event: One-time Recurring

Event date, time, location, brief description and contact information: _____

Please complete this form and return it to:

Public Information Office
PO Drawer 1768
Goose Creek, SC 29445

We look forward to your participation in this program. If you have any questions, please call the Public Information Office at 797-6220 x 117. Thank you.

Please note: The City of Goose Creek reserves the right to refuse any content.

Print Name

Signature

Date