



2009 Group Tour Planner / Update Sheet

Restaurants

Please complete this form and submit with any photos of your facility and 10 copies of any promotional materials including your most recent group menu. Photos submitted digitally should be a minimum of 150dpi and free of any photo credits so that the VCB may use them in our marketing efforts.

Business Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Description: _____

*****Please enclose a copy of your most recent group menu.***

Hours of Operation: _____

Seating: _____

Number of Banquet Rooms: _____

Special Programs including Christmas/Dickens: _____

Christmas/Dickens Decorations/Costumes: _____

Date Decorations are Displayed: _____

Special Hours during the Christmas/Dickens Season: _____

Deposit/Reservation Policy: _____

Complimentary Policy: _____

Motorcoach Parking: _____

Handicap Accessibility: _____

Directions from Interstate: _____

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