

Cherokee Cultural Tourism Partnership Program Agreement

Applicant/ Business Name: _____

Business Type/ Services _____

Phone: _____ Cell: _____ Fax _____

Email: _____

Mailing Address: _____

Days/Hours of Operation: _____

Entrance Price (If applicable): _____ Maximum Capacity _____

Bus Parking: Yes No Native American: Yes No

Business/Individual Bio:

I _____ in behalf of _____ agree to
Applicant Name Business Name
uphold the Cherokee Cultural Tourism Partnership Program's principles, goals and criteria.

Signature of Applicant

Date

For office use only: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Comments/ Recommendations:

