



Boating Simulator Event Application

Name of Event: _____

Name of Applicant: _____

Date of Event: _____ Times of Event: _____

Address of Event: _____

City: _____ State: _____ Zip Code: _____ County of Event: _____

Phone: _____ E-mail: _____

Is this the first time the event has been held? Yes No

What is the anticipated number that will attend? _____

What is the age group that will be attending? _____

Will we have electrical for use? Yes No

Will you have volunteers to assist for the day with running simulator? Yes No

Will the event be all outdoors? Yes No

Is there a set up time or date? Yes No

If yes, list set up time and date:

Set Up Time: _____ Set Up Date: _____

Return application to FSgt. Dale Gibson at GibsonS@dnr.sc.gov or fax to (803) 734-4491.