



Boating Simulator Event Application

Name of event: _____

Name of applicant: _____

Date of event: _____ Times of event: _____ Phone: _____

Address of event : _____

City: _____, SC Zip Code: _____

E-mail: _____

Is this the first time the event has been held? _____

What is the anticipated number that will attend? _____

What is the age group that will be attended? _____

Will we have electrical for use? _____

Will you have volunteers to assist for the day with running simulators? _____

Will the event be all outdoors? _____

Is there a set up time or date? _____

Return application to FSgt. Steve Simpson at simpsons@dnr.sc.gov or fax to (803)734-4491.