

LEPRECHAUN DAYS EVENTS INFORMATION

Friday, July 16, 2021 - Sunday, July 25, 2021

BUSINESS OR ORGANIZATION				
NAME:				
CONTACT PERSON:				
E-MAIL				
CONTACT ADDRESS:				
Street	City	Zip Code		
CONTACT PHONE NUMBER (Leprechaun Day Comm	nittee can ca	all with questions on	event):	
PHONE NUMBER TO BE INCLUDED IN AD FOR (NOTE: Provide a phone number that can be published in print				
NAME OF EVENT:				
IS THE EVENT NEW? WILL CLI	EAN UP E	BE ECO FRIEND	DLY?	
LOCATION OF EVENT:				
ADDRESS OF EVENT:Street		Ci	ty	Zip Code
DATE(S) OF EVENT:		EVENT FEE	<u>:</u> :	
TIME FRAME OF EVENT:				
DESCRIPTION: (NOTE: Short description of what you w number and website if you have one related to the event, and the state of the event	ould like pul	blished, subject to be able.)	e changed	. Also include phone
Proof of insurance is required for all events held o	n City of I	Rosemount prop	erty.	
PLEASE NOTE: This form must be returned by Ju Events Schedule and in the Newspaper.	une 15, 2	021 to appear in	the Offic	cial Leprechaun Days
Please return by mailing to the address below or e	email to le	prechaundays@)gmail.c	om.
ATTN: Events Rosemount Leprechaun Days Committee P.O. Box 256 Rosemount, MN 55068				

Please email questions to: leprechaundays@gmail.com