

Property Name:		
Primary Address <i>(must be a physical NC address):</i>		
City:	State: North Carolina	Zip <i>(Five Digit):</i>
Primary Telephone:	Secondary Telephone:	Fax:
Circle: Business Toll Free Home Cell	Circle: Business Toll Free Home Cell	
Property Description: <i>(max 1,000 characters including spaces, or approximately 125 words.)</i>		
Email:		
Web Address:		
Choose as many categories as apply:		
<input type="checkbox"/> African American <input type="checkbox"/> Battlegrounds & Battleships <input type="checkbox"/> Civil War <input type="checkbox"/> First Flight <input type="checkbox"/> Historic Cemeteries <input type="checkbox"/> Historic Churches <input type="checkbox"/> Historic Sites <input type="checkbox"/> Historic Trails & Tours	<input type="checkbox"/> Historical Parks & Gardens <input type="checkbox"/> History Museums <input type="checkbox"/> Lighthouses & Maritime History <input type="checkbox"/> Native American <input type="checkbox"/> Outdoor Drama <input type="checkbox"/> Railroads & Transportation <input type="checkbox"/> Religious <input type="checkbox"/> Revolutionary War	
Amenities available on property site: Choose as many as apply		
<input type="checkbox"/> Banquet Facilities <input type="checkbox"/> Catering Available <input type="checkbox"/> Children's Activities <input type="checkbox"/> Donations Accepted <input type="checkbox"/> Free Parking	<input type="checkbox"/> Gift / Retail Shop <input type="checkbox"/> Group Rate Available <input type="checkbox"/> Handicap Accessible <input type="checkbox"/> Meeting Facility <input type="checkbox"/> Motorcoach Parking	<input type="checkbox"/> Picnic Area <input type="checkbox"/> Public Restroom <input type="checkbox"/> Restaurant on Site <input type="checkbox"/> Tour – Guided <input type="checkbox"/> Tour – Self-Guided <input type="checkbox"/> Tour Group Greeter
Hours of Operation:	Season of Operation:	General Contact:
Group/Trade Contact:	Min # to Qualify for Group Rate:	Admission Charge:
Driving Directions:		
<i>Thank you for taking the time to fill out this form. Please fax it back to your county contact:</i>		