

## **Tourism Facility Profile Sheet · Travel Guide & Tourism Website**

Name of Facility:			
Contact Name:Contact E-mail:			
Physical Address:			
City, State, Zip Code:			
County:	Telephone #:	Fax #:	
Business E-mail:			
Open Year Round ☐ Seaso Description of Business:	nal □ Days & Hours of Operat	zify)  tion:	
Credit Cards ☐ Handic	apped Accessible  Gro	oup Tours 🗆	
Motorcoach Accessible □	Conference/Meeting Space $\Box$ fo	or how many	
Wedding/Banquet/Special Ev	ents  for how many		
Annual events held by your o	rganization:		
	ton Montgomery Regional Chamb		