



EVENTS CALENDAR LISTING REQUEST FORM

Thank you for your interest in having your event listed in our Events Calendar. Please let us know the following information so that we can get your event listed into our calendar ASAP:

ORGANIZATION/EVENT NAME: _____

CONTACT PERSON NAME: _____

CONTACT TELEPHONE: _____

EMAIL: _____

EVENT DESCRIPTION INCLUDING VENUE LOCATION, DATES & TIMES:

WEBSITE OR SOCIAL MEDIA URL: _____

TICKETING URL (IF TICKETED): _____

Upon completion of this form. Please return to us via email to: events@blackvegas.com

We will review your listing and if approved, add it to our Events Calendar after payment has been made.

[TO PAY NOW ON OUR WEBSITE CLICK HERE.](#)