Free Nightlife Listing on www.TravelOK.com

The Oklahoma Tourism & Recreation Department will provide a free listing about your property on www.TravelOK.com, the official web site for statewide travel and tourism information. In addition, photographs will be displayed with your listing, free of charge. Please submit this completed survey to: Database Coordinator, Oklahoma Tourism & Recreation Department, PO Box 52002, Oklahoma City, OK 73152-2002 or fax to: (405) 522-9653. Suitable color photos, in .jpg format and attached to an e-mail should be sent to updates@travelok.com.

Name of Property:							
Physical Address:	City:		Zip:				
Driving Directions:							
Use Physical Address for M	failing Address						
Mailing Address:		City:	Zip:	State:			
Local Telephone Number:	_Alt Local Number:		Fax Ph	Fax Phone:			
Toll Free US Phone	Toll Free Worldwide Phone						
Business E-mail:	E-mail:Booking Email:						
Business Web Site:	te:Booking Web Site:						
Mobile Web Site:							
Corporate Name:		Address:					
City:		Stat	te:	Zip:			
	Are you located wi	thin 5 miles of these h	nighways?				
US-270 US-412 Days/Hours of Operation:							
Amenities: This section is <u>very</u> appropriate type of attraction or		our facility so please con		pelow. Please check the most			
Nightlife Category:		_		_			
Bar	Drive-In Theater	_	ment District	Game Center			
Live Entertainment Venue	Movie Theater	☐ Nightclub)	Party Boat			
Entertainment:							
☐ Blues/Jazz	Comedy	Country/V	Western	□DJ			
Live Entertainment	Rock & Roll	Show Ban	nds	☐ Top 40			

more

Facility Amenities:			
ADA Compliant	Food Served	Handicapped Parking	Open Seasonally
Credit Cards Accepted	Full Bar	☐ Meeting Space Availab	le Outdoor Seating
Dancing			
Group Amenities:			
Group Rates Available			
Special Rating:			
Suitable for Ages:			
Adults (18+)	☐ Adults (21+)	All Ages	
<u>Description:</u> (descriptions may b	e edited for length, conten	t or formatting-Give us your sa	es pitch)
Contact:			
	Last Name:		Title:
	Last Name		11tte
Address Same as Property		Cit	State: 7:
			State:Zip: ::
Email Address: Preferred Method of Contact:			
Email			
_			
Fax			
Phone Name of Person Completing Sur	vav.		Data
Name of Person Completing Sur	vcy		Date:
Dloggo shoot- 'f 141''	ko to uo ocivoi- dis	umunications from a compa	including our industry
☐ Please check II you would III	ke to receive periodic cor	mmunications from our office	including our industry newsletter

THANK YOU for your time and efforts in completing this survey. We appreciate your assistance as we strive to ensure that our information accurately reflects your property. Should you have further questions, please email updates@travelok.com.