Agritourism Advisory Council Nomination Form

Name of Nominee: _____

Name of Nominator: _____

Business Name:_____

Address: _____

Phone Number: _____Email: _____

What do you feel qualifies this person as a good representative of the agritourism industry to serve on the Council? _____

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ALL COUNCIL MEMBERS MUST BE REGISTERED AGRITOURISM OPERATORS.

Please return nomination form to:
Kansas Department of Wildlife, Parks & Tourism
Attn: Sue Stringer
1020 S Kansas Avenue, Suite 200, Topeka, KS 66612

Kansas
Department of Wildlife, Parks and Tourism

Kansas Department of Wildlife, Parks and Tourism
1020 S Kansas Avenue, Suite 200; Topeka, KS 66612 ● Phone: (785) 296-1847 ● Fax: (785) 296-6988
E-mail: Sue.Stringer@travelks.com