



Business After Hours Host Agreement

Date _____

Host/Business Name _____

Contact Name _____

Event Location _____

Event Date _____

Event Time _____

Contact Address _____

Contact Email _____

Contact Phone _____

_____ agrees to host the _____
(Business Name) (Date)

Business After Hours event.

Host Signature _____ Date _____

Chamber Board/Staff Signature _____ Date _____

Claxton-Evans County Chamber of Commerce

302 W Railroad St

Claxton, GA 30417

(912) 739-1391

info@claxtonevanschamber.com

www.claxtonevanschamber.com