

**Product Development Form/Group Tours Visitor Enhancement Program**

What is the Title of your product? (Class, tour or demo)

Description:

Do you have the proper licensing? (Business, health, etc.) \_\_\_

Is your product available \_\_\_ year-round \_\_\_ seasonal \_\_\_ weekends \_\_\_ weekdays?

How many people can you have in your class/tour?

How long is the class/tour/demo?

How much do you charge? \$ \_\_\_ per person or \$ \_\_\_ flat fee

Is a 2-week cancellation policy workable? \_\_\_ Yes \_\_\_ No

<b>Contact Information</b>
Business Name:
Name:
Address:
City, STATE, Zip
Website URL:
Please enter the best phone number to reach you.
Please enter the email address where you want us to contact you. <i>(All correspondence is required via email.)</i>
Do you accept credit cards? <span style="float: right;">Which Ones:</span>

*Please attach a copy of your license to do business in Solvang and/or Santa Barbara County.  
(Business, TCP#, health, etc.)*

**Solvang Conference & Visitors Bureau**

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