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City of Thorp
Tourism Commission
Application for Use of the Community Tourism Sign

Name of Applicant(s): _____

Mailing Address: _____ City, State, Zip: _____

Contact Person: _____ Phone Number: (____) ____ - _____

Event or Project You Wish to Promote: _____

Date(s) of the Event: _____

Date(s) requesting to use the sign*: _____

Signature of Applicant: X _____ Date: _____

*Information must be removed from the sign no later than 2 days after the end of the event.