

Tidewater Council Geofencing Request

All advertised joining events must be open to the public.

Event Date: _____

Start Time: _____ End Time: _____

Location Name: _____

Location Street Address: _____

City: _____ State: _____ ZIP: _____

Event Title: _____

Description of Event:

Unit: _____

Contact Person: _____

Email: _____ Phone: _____

Please submit this form to the district executive at least two weeks prior to the event date.