

ATTACHMENT : TBMP Ketchikan Partner Agreement

NAME OF ORGANIZATION: _____

PRIMARY CONTACT: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

KVB MEMBER: YES _____ NO: _____

IF NO-
Type of business/organization: _____

OPERATING: YEAR AROUND: _____ SEASONALLY: _____

I certify that I have read and fully understand the Ketchikan Tourism Best Management Practices (TBMP) program guidelines.

As a TBMP Ketchikan partner, I will honor the guidelines as outlined in this program.

I will conduct TBMP partner training with staff members and advise any contractors or outside sales representatives of our partnership, providing access to TBMP materials as needed.

I agree to respond to any correspondence or communications from TBMP Ketchikan within three business days of receipt.

I commit to providing input to the program and participating in the annual partner meeting.

I will convey to my fellow employees in the visitor industry the importance of operating our organization in a manner that is both responsible and sensitive to community concerns.

Authorized Employer Representative Signature

Date

For Ketchikan TBMP use only

Date received: _____

Date of training: _____