

Attraction Written Narrative Form (renewing KDS only)

Your Name & Organization	
Date of Report	
Date of Visit	
Name of Attraction	
Location	
Purpose of Visit	Leisure / Business / Other
Please describe your experience at the above listed attraction	
Please describe any other visitor entities/amenities located near this attraction (i.e. restaurants, shopping, accommodations, etc.)	
As a "visitor", how much time do you feel one should allow to experience this attraction?	
Special Notes	

Please complete and return form to agarton@opcvb.org
or fax to 913-491-0015. Thank you.