## THIS FORM IS TO BE COMPLETED AND SUBMITTED WITH YOUR INVOICE

1. ORGANIZATION: $\qquad$
2. This Report Covers:

Event Name: $\qquad$
Date: $\qquad$
Tourism Facility $\qquad$
Date: $\qquad$
3. Amount of requested Lodging Tax funds for this event/festival/marketing activity/or municipal facility:
\$ $\qquad$

## OVERALL ATTENDANCE:

4. Projected number of tourists expected to attend the event $\qquad$
5. Actual number of tourists who attended event or user count for the facility: $\qquad$

## Briefly describe methodology used to determine this figure

## ATTENDEES WHO TRAVELED 50 MILES OR MORE:

6. Attendees who traveled 50 miles or more to attend this event $\qquad$
7. Actual number of attendees who traveled 50 miles or more to attend this event $\qquad$ Briefly describe methodology used to determine this figure

## ATTENDEES WHO STAYED OVERNIGHT

8. Projected Number of Paid Accommodations $\qquad$
9. Actual Number of Paid Accommodations $\qquad$
Briefly describe methodology used to determine this figure
10. Projected Number of Unpaid Accommodations $\qquad$
11. Actual Number of Paid Accommodations $\qquad$
Briefly describe methodology used to determine this figure

## PAID LODGING NIGHTS

12. Projected Number of Paid Lodging Nights $\qquad$
13. Actual Number of Paid Lodging Nights

Briefly describe methodology used to determine this figure

Note: "Actual Numbers" is a "good faith best-estimate"

