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phone: 417.625.4789 fax: 417.624.7948

FY12 Grant Hotel Room Tracking Form

SECTION A:

Name of Organization:_____

Name of Event:_____

Date of Event:_____ Estimated Attendance:_____

SECTION B:

In the table below, provide a breakdown of paid hotel rooms. **(Include the property name, number of paid room nights and the first and last name of the person at each property that provided you with the information.)**

Property Name	Number of Paid Room Nights	Name of contact at property that provided information
1.		
2.		
3.		
4.		
5.		
6.		

An additional sheet of paper may be used if necessary.

Total number of paid hotel room nights generated by the event:_____

SECTION C:

This form is due no later than 2 weeks from the last day of your event. Failure to submit this form on time will jeopardize your organization's ability to receive future CVB grant funding.

_____ _____

Signature of Project Manager Date Submitted