



CLAY COUNTY TOURIST DEVELOPMENT COUNCIL SPORTS EVENT: POST EVENT REPORT

Due to the TDC office no later than 60 days after the end of the event.

Event Name:

Event Date(s):

Event Organizer:

1. To the best of your knowledge, please fill in the following with estimates for the number of room nights and attendees resulting from your event:

Total Paid Room Nights:

Attendee Origin & Type

	From Out of State	Overnight from Florida	Day Trip/ In-State	Average # of Nights Stay
Participant/ Coach/Official				
Spectators				
Media				
Totals:				

2. Were there any extenuating circumstances that lead to actual attendance or room night generation falling below projections? If yes, what were those circumstances:

3. Did your Event garner any media coverage? If yes, please describe in detail:

4. Was your Event a room night generating event? If yes, please submit the completed "Room Night Certification Form(s)" found on the grant application. One (1) form must be submitted for each participating hotel/accommodation.

Note: If any attendees stayed in Airbnb/VRBO/Short-Term Rentals, please complete a form for those as well, explaining how you confirmed those numbers.

Event Organizer Signature:

Date:

Please submit this completed report within 60 days of your event. Review the additional items required to be submitted for the reimbursement process.



CLAY COUNTY TOURIST DEVELOPMENT COUNCIL SPORT EVENT: NIGHT CERTIFICATION FORM

A form should be completed by each accommodation that housed event attendees/staff.
Due to the TDC office no later than 60 days after the end of the event.

Attention: Hotel Representative/Contact

The Event, _____, was awarded Funding through the Clay County Tourist Development Council (TDC) to assist in the advancement of bringing additional economic impact through tourism into our community. The purpose of this form is to certify the number of room nights in Clay County that were attributable to the Event.

Name of Hotel/Accommodation:

Contact Person:

Telephone:

Email:

TRACKED ROOM NIGHTS							
EVENT NAME							
DATE(S):							
PAID ROOM NIGHTS							
COMP ROOM NIGHTS							

Hotel Contact Signature:

The TDC thanks you for your help and partnership in making Clay County a choice destination.

GRANT APPLICANT: I certify that the above event consumed the reported room nights.

Name of Applicant:

Signature:

Title:

The TDC reserves the right to unilaterally reduce the maximum reimbursement amount if the Applicant's room night guarantee is not satisfied or documented with this Room Night Certification Form. This SIGNED form must be completed and returned before final payment is delivered to Applicant.