



**Highlands County Tourist Development Council
Post Event Report**

Due to the TDC office no later than 60 days after the end of 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 completed “Room Night Certification Form(s)”, found on page 8 of 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, with explanation of how you confirmed those numbers.

Event Organizer Signature: _____ **Date:** _____

Please submit this completed report within 60 days following your event. To review additional items required to be submitted for reimbursement process, please reference your Grant Application.