



AVON PARK & LAKE PLACID, FL

**Highlands County Tourist Development Council
Room 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 event.*

Attention: Hotel Representative / Contact

The Event, _____, was awarded Funding through the Highlands 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 Highlands 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 Highlands County a choice destination!

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

Name of Applicant: _____

Signature: _____ **Title:** _____

The TDC reserves the right to unilaterally reduce the maximum amount of reimbursement if 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.