



POST EVENT SUMMARY REPORT

Event Name: _____ Event Date(s): _____

Event Organizer: _____

1) To the best of your knowledge, please fill in the following charts 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. Was your event a room night generating event, if so, please fill out the "Room Night Certification Form." One (1) form must be submitted for each participating hotel.

4. Did your event garner any media coverage? If yes, please describe in detail.

Event Organizer Signature: _____ Date: _____