



Clarksville Advertising and Promotion Commission Tourism Funding Final Report

Note: Please complete and return to the Clarksville Advertising and Promotion Commission within thirty (30) days of the completion of the project/ event.

Name of Organization: _____

Address: _____ City, State, Zip _____ Phone: _____

Project/Event Name: _____

Contact: _____ Phone: _____

Project Start Date: _____ Project End Date: _____

Event Location: _____

Number of Attendees: _____ Percentage of growth from previous year: _____

How did you track? [] Exit Review [] Entry Form Other: _____

Was there a host hotel? Please list: _____

What was the number of lodging rooms used in Clarksville for this event?

[] 10-25 [] 26-50 [] 51-100 [] 101-150 [] 151-250 [] 250+

Which Hotels/Motels were used?

Were there any fees or charges paid by spectators? [] yes [] No

If yes, how much. _____

How was the Clarksville Advertising and Promotion Commission logo and website used? _____

Please attach the following:

1. Finalized Budget with actually receipts and expenditures (profit/loss statement)
2. Copies of paid invoices.
3. Copy of printed material and/or advertisement.