CITY OF DENISON TOURISM BOARD GRANT COMPLETION REPORT



PLEASE PRINT OR TYPE AND RETURN TO CITY HALL WITHIN 60 DAYS OF COMPLETION OF YOUR EVENT/PROJECT.

Organization Name	
Name of Event or Project	
Date(s) of Event	Completion Date
ATTENDANCE / LODGING Please provide final numbers for the following.	
Attendance: Local (Crawford County)	Out-of-town
If a competition or sporting event, how many teams	s participated?x
Number of hotel/motel/B&B/lodging rooms used by	participants and attendees
Number of nights booked by visitors for the event	
On average, approximately how much did each pe	erson spend each day while in Denison?
Lodging Food	Shopping
Transportation Entertainme	nt Total Spent Per Person
FINAL EXPENSES Please provide a list of final expenses for this event/	
Grant? Vendor (if possible) / Description	Amount
	\$
	\$
	3
	<u>\$</u>
	3
	<u>\$</u>
Total	<u>></u>
ACKNO	wledgement

All information on the application is complete and accurate.