

Duncan Convention and Visitor's Bureau 1330 Chisholm Trail Parkway VisitDuncan.org DuncanCalendar.com 800-782-7167

PART I of III: ADMINISTRATIVE INFORMATION

1. Name of Event			
2. Number of Yea	ars Event Held		
3. Date (s) of Eve	ent		
	4. Support requested fr	om Duncan Convention and Visitors I	Bureau Hotel/Motel Tax Fund
\$	Advertising	Direct Sponsorship	Hospitality Services
		5. How, specifically, will the	he requested funding be used
6. Has this e	vent previously received funds fi	rom Duncan Convention and Visitors	Bureau?
If yes, wha	t amount was received?	When previous funding was	received?
			7. Sponsoring Organization
Name			
Address			
Point of Co	ontact		
Daytime ph	none/fax numbers		
Email Addı	ress		
8. Type of Organiz	ation (Brief description of activit	ties and primary purpose: e.g. social, e persona	educational, athletic, ll development, etc.)
		9. De	scription and history of event
	10. Is your organization:Private/For Profit	Non Profit (If yes, please attac	ch copy of 501c3 status letter

	Attach a complete budget for current project as well as previous year's profit and loss statement if the event is not a start-up. Budget must include the following data: *itemized expenses *funds raised by contributions and other sources (sponsorships, grants, awards)
	* projected use of any net profits
2.	Attach a copy of your media coverage advertising plan including the amount financially committed to each media outlet. State all media coverage in print, radio, television, public service announcements, direct mail etc.
_	13. What publicity material will carry the Duncan Convention and Visitors Bureau credit line and/or logo
	(Credit line will read: "FUNDING and /or SUPPORT FOR THIS EVENT IS PARTIALLY PROVIDED BY THE DUNCAN CONVENTION AND VISITORS BUREAU.")
	PART II of III: ESTIMATED ECONOMIC IMPACT
1.	. Number of days the event will run (start time to end time)
2.	. Total number of participants expected in the event
	A concerns and approximate numbers of newsons in each accompany as posted to newticinate
3.	. Age groups and approximate numbers of persons in each age group expected to participate
_	. Number of out-of-town guests expected
4.	. Number of out-of-town guests expected
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Submit Parts I and II of this application at least 90 days prior to the event to:

Teri Knox, Director Duncan Convention and Visitors Bureau P.O. Box 981, Duncan, OK, 73534 Office (580) 252-2900, Fax (580)252-3

Address of host hotel/motel_____

Point of contact at the hotel/motel _____

Telephone/fax number of the host hotel/motel_____

Total number of hotel room nights from previous year_____