



## POST EVENT REPORT FORM

### Organization Information

Name of Organization	
Address	
City, State, Zip	
Contact Name	
Contact phone numbers	Cell: _____ work _____

### Event or Project

Name of event/project	
Date(s) of event/project	
Location of event/project	
Amount of hotel occupancy taxes approved	
Amount of hotel occupancy taxes actually used	
Actual percentage of the funded event/project cost covered by occupancy taxes	
Actual percentage of facility costs covered by hotel occupancy taxes (if applicable)	
If staff costs were covered, estimate of actual hours staff spent on funded event/project	

How many years has this event/project been held	
How many people did you predict would attend this event/project? (number submitted an application for the hotel occupancy tax funds.)	
What was actual attendance at the event/project?	
How many room nights were generated at Lindale hotels, or motels by attendees of this event/project?	
If this event/project has been funded by hotel occupancy taxes in the last three years, how many room nights were generated at Lindale Hotels/Motels by attendees of the event/project?	_____ Last year    _____ two years ago _____ three years ago
How did you determine the number of people who booked rooms at Lindale Hotels/Motels (e.g. room block usage information, survey of hoteliers, etc)?	
Was a room block established for this event/project at an area hotel(s) and if so, did the room block fill?	
If the room block did not fill, how many rooms were picked up?	

Please check all effort you or your organization actually used to promote this event/project and how much was actually spent in each category:

\$\_\_\_\_\_ Newspaper ads    \$\_\_\_\_\_ Radio ads    \$\_\_\_\_\_ Press releases  
 \$\_\_\_\_\_ Direct mail    \$\_\_\_\_\_ Other (explain)

Attach copies of all receipts for which hotel occupancy taxes were used. NO hotel occupancy taxes will be approved unless a receipt is submitted.

What new marketing initiatives (if any) did you utilize to promote the hotel or tourism activity for this event/project?

What Lindale businesses did you utilize for food, supplies, material, printing, etc.?

If the event/project funded by hotel occupancy taxes was a sporting-related function/facility, how many individuals actually participated in this event/project?

If the event/project was a sporting-related function/facility, quantify how the activity substantially increased economic activity at Lindale Hotel/Motels.

**ATTACHMENTS**

Please attach samples of documents showing how Lindale was recognized in your advertising/promotional campaign.

Attach at least one sample of all forms of advertising/promoting used in you campaign. If the same itself does not indicated the medium (radio, TV, print, or mail) used or where the advertising took place (e.g. a city’s newspaper, or a radio spot that does not indicate the city where the spot was played), please include other information that would show location of the advertising and medium utilized.

Submit the completed form **within 30 days** after the event to City Manager, City of Lindale, 105 Ballard Drive, Lindale, Texas 75771. Failure to return form within given time could affect future funding from Hotel/Motel Occupancy Tax.

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**CITY USE ONLY**

Date form submitted to the City Manager \_\_\_\_\_

Received by \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Comments:

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