##### EVENTS FUNDING APPLICATION

Paris Visitors and Convention Council

Lamar County Chamber of Commerce

AMOUNT

EVENT: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** REQUESTED: \_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SPONSORING GROUP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF EVENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR WHAT PURPOSES WILL THESE FUNDS BE USED?

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HOW MANY LOCAL HOTEL ROOMS WILL BE OCCUPIED FOR THIS EVENT TIMES NUMBER OF NIGHTS GUESTS ARE THERE?

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WHAT OTHER SOURCES ARE BEING USED TO HELP FUND THIS EVENT?

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CONTACT PERSON IS RESPONSIBLE TO REPORT HOTEL ROOM NIGHTS OCCUPIED

Please submit with this application the previous year’s **FINANCIAL STATEMENT** showing income and expenses, OR an estimated **BUDGET** for this year’s event.

CONTACT PERSON: ----------------------------------------------------------------------------------------

MAILING ADDRESS: ---------------------------------------------------------------------------------------

TELEPHONE: ---------------------------------- EMAIL: ----------------------------------------------------

FUNDING CHECK PAYABLE TO: --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------