

**TRI-COUNTY LODGING ASSOCIATION**  
**FUNDING REQUEST FORM**

**A DETAILED BUDGET FOR THE EVENT/FESTIVAL MUST BE INCLUDED WITH THIS FORM**

**REQUESTS MADE IN THE AMOUNT OF \$2,000.00 OR MORE MUST MAKE A BRIEF PRESENTATION TO THE TCLA BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETING.**

Event or Festival Name: \_\_\_\_\_

Dates of Event or Festival: \_\_\_\_\_

Name of Person/Organization Completing Form: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Event or Festival Location: \_\_\_\_\_

Host Hotel for Event: \_\_\_\_\_

Expected Number of Accommodation Facilities Utilized: (Please include Hotels, Motels, Resorts, Campgrounds, Houseboats and Condos) \_\_\_\_\_

Expected Number of Total Accommodation (Room) Nights Generated: \_\_\_\_\_

Previous Years Total Accommodation (Room) Night History: \_\_\_\_\_

Is this a "For Profit" Event: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Other Funding Sources: \_\_\_\_\_  
\_\_\_\_\_

**TOTAL TCLA FUNDS REQUESTED: \$ \_\_\_\_\_**

Please Specify How the TCLA Advertising/Marketing Funds Requested will be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

