

Tourism Burlington Event Funding Summary - Schedule B

| | | | |
|---|--|---|---------------------------|
| Name of Organization: | | Website: | |
| Contact Name: | | Title: | |
| Address: | | City: | P.C.: |
| Phone: | | Ext.: | |
| Fax: | | Email: | |
| Event Name: | | Event Date(s): | |
| Event Location: | | Event Facility Names: | |
| Event Description: | | | |
| New Event (Y/N) | Existing Event (Y/N) | Annual Event (Y/N) | One Time Only Event (Y/N) |
| Est. # Participants: | | Est. # Teams (if applicable): | |
| Est. # Guestrooms (doubles) Required: | Est. # Room Nights (# nights staying): | Est. Total Room Nights = (#Guestrooms x Room Nights): | |
| Funding Requested For (summary of detailed proposal): | | | |
| Funding Amt. Requested: \$ | | | |
| Signature: | | Date: | |