



Name of Organization: _____

Contact Person: _____ Phone: _____

Address: _____ Date of Event: _____

Amount of Award: _____ Date Granted: _____

Summary of Event

Number in Attendance: _____ Durant Hotel/Motel Rooms Used: _____

Average Stay (# of nights): _____

If Durant Hotel/Motels sold out, list other accommodations that attracted overnight visitors:

Comments:

Describe the general impact this event had on the Durant Community:

Describe the Success of this event:

Attach Paid Invoices

Income	Actual Event 20__
Rental of Booths	\$
Entry Fees/Gate Receipts	\$
Donations/Sponsorships	\$
T-Shirts and Souvenirs	\$
Food and Drinks, Etc	\$
DTEDTA Grant	\$
Other (Explain)	\$
	\$
	\$
TOTAL INCOME	\$
Expenses	
Advertising	\$
T-Shirts and Souvenirs	\$
Food, Drinks, Etc.	\$
Labor Costs	\$
Entertainment	\$
Supplies	\$
Postage	\$
Rentals	\$
Insurance	\$
Other (Explain)	\$
	\$
	\$
TOTAL EXPENDITURES	\$
Estimate Value of In-Kind	\$
Services (Explain)	\$
	\$

