POST EVENT REPORT Due 60 days after event

| Name of Event/Project: | | | Date of Event or Project: | |
|--------------------------------------------------------------------------------------|-------------------------------|--------------------|-------------------------------------------------------------------------------------------------|--|
| 1) Submit a full financial statement includes disbursements of profits. Includes | | | es, sources of income, net profits, and of for the expenditures of Tourism funds received. | |
| • • • • • • • • • • • • • • • • • • • • | • | | s used. Include copies of all newspaper, radio, eleases, direct mailings, etc.) that were used. | |
| 3) Number of days the project ran (star | t to end): _ | | | |
| 4) Total number of actual attendees & l | how they w | vere tracke | ed/ counted: | |
| 5) Actual age groups and age group size | es which pa | articipated | l : | |
| 6) Actual number of out-of-town guests | | | | |
| 7) Actual number of hotel/motel rooms (Please use host hotels/motels to verify ro | | | Number of Comped Rooms: | |
| 8) Principle restaurants visited: | | | | |
| 9) Other business/services used to plan | n the projec | ct: | | |
| 10) Other events/activities your organic | • | • | while in Muskogee: | |
| 11) Did you survey your participants? | Yes | No | If Yes, please attach a copy of surveys. | |
| 12) How did your participants rate Mus | skogee? | | | |
| a) Hotel/Motel | High 5 4 3 | High 5 4 3 2 1 Low | | |
| b) Restaurants | High 5 4 3 | 3 2 1 Low | | |
| c) Available Activities | High 5 4 3 2 1 Low | | | |
| d) Hospitality | High 5 4 3 | High 5 4 3 2 1 Low | | |
| 13) Did they provide any open-ended for | eedback fo | or your eve | nt or their visit to Muskogee? | |
| Report submitted by: Name: | Muskogee ⁻ | | | |
| | _ | | 4-6202 Director@VisitMuskogee.com | |