**Community Partnership Application**

**APPLICANT INFORMATION**

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| **Name of Group**Click here to enter text. | **Mark One**[ ] Non-Profit Organization [ ] For Profit Organization  |
| **Name of Representative**Click here to enter text. |
| **Mailing Address** Click here to enter text. | **City**Click here to enter text. | **State**Click here to enter text. | **ZIP**Click here to enter text. |
| **Phone**Click here to enter text. | **Email**Click here to enter text. |

**EVENT DESCRIPTION**

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| **Name of Event**Click here to enter text. | **Date of Event**Click here to enter text. |
| **Location of Event**Click here to enter text. |
| **Website/Social Media**Click here to enter text. |
| **Please describe your event (100 words or less)**Click here to enter text. |
| **Attendance**Estimated Total Number of Attendees: Click here to enter text. 1. Estimated Number of Out-of-Town Attendees: Click here to enter text.
2. Estimated Number of Local Attendees: Click here to enter text.
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| **Will your event provide overnight stays to Medford hotels?**(Room Night: One hotel room occupied for one night)[ ] Yes[ ] No1. Estimated number of room nights to be used in Medford: Click here to enter text.

 1. Estimated number of people camping or RV-ing: Click here to enter text.
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**EVENT HISTORY**

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| **This event is a/an**[ ] One-Time Event [ ] First Year Event [ ] Annual Event (Number of Years: Click here to enter text.)  |
| **What were the event’s attendance numbers last year?**Total Number of Attendees: Click here to enter text. 1. Number of Out-of-Town Attendees: Click here to enter text.
2. Number of Local Attendees: Click here to enter text.
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| **Did your event provide overnight stays to Medford hotels?** [ ] Yes (Number of room nights generated: Click here to enter text.)[ ] No |
| **Please list the hotel(s) that your event partnered with last year.**Click here to enter text. |

**REQUEST OF SUPPORT**

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| **Funds Requested**Click here to enter text. |
| **How will these funds be utilized?** Click here to enter text. |
| **Will you be using any of these Travel Medford services:**[ ] Secure Block Room Rates[ ] Itinerary Planning[ ] Hospitality Bags[ ] Specialty Event Calendar  |

**ADDITIONAL INFORMATION**

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| **Please describe the kind of travelers/attendees your event draws.**Click here to enter text.  |
| **Do you charge admission?**[ ] Yes[ ] NoIf yes, what are admission prices?Click here to enter text. |
| **Please list any direct or indirect support you currently receive from Travel Medford for this event.**Click here to enter text. |

**APPLICATION CHECKLIST**

Before submitting your application, please use this checklist to ensure you include ALL of the following required items:

[ ]  The completed application

[ ]  A brief overview of the event marketing plan (How are you marketing the event? What is the scope of your target audience? etc.)

[ ]  A complete list of sponsorship packages

[ ]  A list of event sponsorships secured and the amount

Please fill out this application COMPLETELY. Failure to do so may result in processing delays and/or the denial of your application.