**Community Partnership Application**

**APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| **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. | |
| **Will your event provide overnight stays to Medford hotels?**  (Room Night: One hotel room occupied for one night)  Yes  No   1. 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. | |

**EVENT HISTORY**

|  |
| --- |
| **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. |
| **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**

|  |
| --- |
| **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**

|  |
| --- |
| **Please describe the kind of travelers/attendees your event draws.**  Click here to enter text. |
| **Do you charge admission?**  Yes  No  If 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.