Event Name: Swamp Bowl  
Dates: October 19-21, 2018

Attach all Visitor Questionnaires and Summarize Below:

Participants
Total Adult Participants (Athletes, Officials, Vendors, Media, etc.): ________________
Total Youth Participants (Athletes): ________________
Estimated Adult Participants not from Alachua County: ________________
Estimated Youth Participants not from Alachua County: ________________

Spectators
Total Adult Spectators (Families, Other): ________________
Total Youth Spectators (Families, Other): ________________
Estimated Adult Spectators not from Alachua County: ________________
Estimated Youth Spectators not from Alachua County: ________________

For the out-of-town participants and spectators list countries, states, other cities they were from, if you know
________________________________________________________________________
________________________________________________________________________

Host Hotel Information
What Host Hotel(s) did you use for athletes, officials, etc.? ________________

Estimate what the average room rate was for your event:$________________________

How many rooms were booked?__________ For what nights (list dates) ____________
Addendum B
(Continued)

Event Reporting Form
October 1, 2018-September 30, 2019
Alachua County Bid and Event Pool
Administered by the Gainesville Sports Commission

Other Hotel Information

Are you aware of other hotels, bed and breakfast facilities, campgrounds that were used by participants and/or spectators? If so, please list them put the room rate in parentheses next to the accommodation name.

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Other Information
Tell us about anything else about visitor spending that might be helpful in evaluating future support for this or similar events in the future.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please fill out the contact information requested below:

Name: ________________________________________________________________

Organization: _________________________________________________________

Address: __________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Day Phone: (____) _______ Night Phone: __________________________

Fax: (____) _______ e-mail: __________________________

Who should check be made out to: ________________________________________

Social Security Number or Business ID ______________________________________

________________________________________________________________________

Your Signature

Note: By signing this document you are acknowledging that you have provided accurate information upon which funding will be based and also acknowledge that all receipts, invoices, or other documentation of paid for services upon which reimbursement is based is correct and accurate to the best of your knowledge.