

CASPER AREA IMPACT GRANT

HOTEL TRACKING FORM

Organization Name: _____

Main Program Contact: _____

Phone: _____ Email: _____

Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Event: _____

HOTEL INFORMATION

Property Name: _____ No. of Paid Room Nights: _____

Name of contact at property who provided information: _____

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Name of contact at property who provided information: _____

Total number of paid hotel room nights generated by event: _____