



YSWP Application Form

Hotel Name:

Sales Contact:

Email:

Phone:

Account Name:

Address:

Email:

City, State, ZIP:

Third Party Contact:

Lead Contact:

Email:

Lead Name:

Meeting Dates:

Decision Date:

Peak Room Nights:

Total Room Nights:

Offered Room Rate:

_\$ _____

Repeat Business:

Yes

No

If Yes, last meeting date:

Competition (outside of Fort Worth):

Concessions offered by Hotel:

Please submit via email to MelanieHoover@Fortworth.com

Compelling Business Reasons:
(What make this important to the property?)

Payable to:

Please note, if you are using this application for a non-CVB lead, you will need to include the RFP information in the email when sending the request!

You Stay, We Pay Scale:

Contracted Room Nights	Incentive per room
750-1,000	\$8 per room
450-749	\$6 per room
75-449	\$4 per room
30-74	\$2 per room

By signing this application, signatories acknowledge the information contain herein is accurate.

Signature:	Email:	Date:
Sales Contact:		