



Please submit to:
 Susana Marin, City Secretary
 1200 E. Broad Street
 Mansfield, TX 76063

HOTEL ROOM TRACKING FORM

SECTION A:

Name of Organization: _____

Name of Event: _____

Date of Event: _____ Estimated Attendance: _____

SECTION B:

In the table below, provide a breakdown of paid hotel rooms. (Include the property name, # of paid room nights, and the first and last name of the person at each property that provided you with this information.)

Property Name	# of Paid Room Nights	HOT FUND Comp. Rooms	Name of Contact Property Providing Information	Booking Code
1)				
2)				
3)				
4)				
5)				
6)				

An additional sheet of paper may be used if necessary.

Total # of paid hotel room nights generated by this event. _____

In the section below, please indicate how many of the following items were requested on behalf of your event .

Materials Requested	Amount Requested	Amount Received
Welcome Kits		
Visitor Guides		
Mansfield Maps		
Miscellaneous Giveaways		

 Signature of Project Manager
 Submit within 45 days of the event

 Date Submitted