

Post Event Analysis

Event Information

Event Name
Event Date(s)

Event Final Outcome

Event Attendance	Hotel Room Nights*
_____	_____
Provide the total # of rooms picked-up for the event and provide a form of proof.	

* Subject to audit

Number of advertisements placed for the event. <i>Attach a copy of each ad and the name of the publication.</i>	
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The above accounting of our Special Event is accurate and true to the best of my knowledge.

Authorized Signature

Date

Print name here

Title/Responsibility

Return this form and supporting documentation to the City of Bastrop Finance Department, 1311 Chestnut St., Bastrop, TX 78602. If you have any questions, please contact Tracy Waldron at 512-332-8820.

Revised 5/12/2017