

**PERSON COUNTY TOURISM DEVELOPMENT AUTHORITY  
EVENT/PROJECT APPLICATION**

NAME OF ORGANIZATION: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_

PROJECT/EVENT Description: (What will be done, who will be involved, project  
timeline, project purpose/type of event)

PROJECT/EVENT Budget:

How does the project/event promote tourism or the development of tourism for Person County?

*(The legislative mandate for the tourism office is to promote those events and activities that encourage people to stay overnight in our lodging facilities where the bed tax is collected.)*

Marketing Area:

Attendance forecast (if an event): \_\_\_\_\_

Percentage of overnight attendance: \_\_\_\_\_

\_\_\_\_\_  
Person requesting funds

\_\_\_\_\_  
Date

Thank you for applying for a grant from the Person County Tourism Development Authority for your event. Please complete the following and return to P. O. Box 1775, Roxboro NC 27573 at your earliest convenience.

**DOCUMENT REQUIRED AT THE COMPLETION OF THE EVENT:**

How successful do you feel this event was for promoting overnight visitation in our area?

Number of Attendees \_\_\_\_\_

Percentage of overnight attendees \_\_\_\_\_

Attach any data base of names, addresses of attendees that you are willing to share with us or give us the zip codes of the people attending and the approximate number from each zip code.

Show how the TDA Grant money was used to support this event. Attach copies of advertising or promotional press releases.

How do you think your event could have been more successful for our area?

Do you plan to have this event again next year?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date