**Post Event Report**

**\*This report must be submitted within sixty (60) days after the event.**

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| Date Submitted:  |
| Organizations Name:  |
| Classification: \_\_Non-profit \_\_ For-Profit \_\_ Other:\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Event: |
| Event Description:  |
| Event Date(s): |
| Event Location: |
| Event Website: |
| Contact Name & Title:  |
| Address:  |
| Phone: Email: |

Event Attendance

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| Total Event Days: Attendance per Day: |
| Total Tickets Sold: Total Registered Participants: |
| Total Attendance: |
| Method Used to Determine: |
| Total Attendance from outside Brownsville: |
| Method Used to Determine: |
| Number of Volunteers and Event Personnel: |
| # Contract Hotel Room Nights: Hotels Utilized: |

Please note that supplemental information may be requested by the City of Brownsville staff. Additionally, events and activities associated with this event/program may be subject to an audit by the City of Brownsville.

I validate that all information contained within this post-event report is accurate and complete.

|  |  |
| --- | --- |
| Print Name: | Signature: |
| Title: | Date: |