



Tracking and Measuring Survey

Event Name:

Organization:

Event Start Date:

Event End Date:

Sports Type (select): Youth Adult College Professional

Total number of participants (athletes, coaches and trainers only):

Total number of local participants (Atlanta Metro area):

Estimated overnight visitors (include participants and spectators):

Was there a host hotel? Yes No

If yes, name of hotel:

Average hotel rate:

How many rooms were reserved (total room nights):

(Ex: If you have a block of 12 rooms per night for 3 nights (12x3= **36 total room nights**)

Who should receive tracking and measuring total?

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Payment Receipt Information

All grants and invoices are paid directly to the organization receiving the award as a reimbursement via ACH through Quickbooks/Bill.com.

Please provide the a contact who can be sent an invite through Bill.com to input the correct ACH account information.

Name: _____ Email: _____

Phone Number: _____

After submitting I will provide you with the tracking and measuring total. Please let me know if you have any questions or concerns.

Cristy Pak

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