

**HARRISON COUNTY TOURISM COMMISSION—REQUEST FOR SPONSORSHIP  
2011/2012 FISCAL YEAR**

Date Submitted \_\_\_\_\_ For Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Tax ID \_\_\_\_\_  
 Requesting Organization's Name: \_\_\_\_\_  
 Requesting Organization's Contact: \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Title of Project \_\_\_\_\_ Has HCTC sponsored this Project before? \_\_\_\_ Yes \_\_\_\_ No  
 Has final Survey been returned? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ How may  
 Type of project or event (Check ONE): \_\_\_\_ One-time Special Event \_\_\_\_ Annual Community Event \_\_\_\_ Research  
 \_\_\_\_ Organization Fundraiser

Total Amount of Event Budget \$ \_\_\_\_\_  
 (Budget must be attached)  
 Request for Sponsorship Funds from HCTC \$ \_\_\_\_\_

Date Sponsorship money needed \_\_\_\_\_

Purpose of Sponsorship Funds \_\_\_\_\_

**THE FOLLOWING MUST BE ATTACHED:**

1. Project budget, including expenses, marketing expenses, and all revenue sources.
2. Organization background and estimated impact of project, list of major project sponsors

**PREVIOUS & PROJECTED ATTENDANCE:**

If your project is a recurrent event, please list the dates and number of attendees for the past three years, as follows:

Dates of Previous Events	Total Attendance	Total Room Nights	Blocked Rooms	Property Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list projected event dates and number of attendees for current project below.

Dates of Event	Total Attendance	Total Room Nights	Blocked Rooms	Property Name
_____	_____	_____	_____	_____

***NOTE: As a requirement, a copy of the HCTC Survey will be provided to you to be completed by attendees at your event.***

I have read and understood the Harrison County Tourism Commission requested information and Sponsorship Guidelines to comply with conditions if sponsorship is granted.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO EXECUTIVE DIRECTOR  
HARRISON COUNTY TOURISM COMMISSION, P.O. BOX 8298, BILOXI, MS 39535-8298**

For office use only

Control # \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_ Amt. Approved \_\_\_\_\_