

**HOTEL TRACKING FORM
CASPER AREA IMPACT GRANT
FISCAL YEAR 26/27**

This form must be submitted even if you did not work with a local hotel property.

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Contact: _____

Phone: _____ Email: _____

Name of Event: _____

Event Date(s): _____

HOTEL INFORMATION

Property Name: _____ No of Paid Room Nights: _____

Name of contact at property who provided information: _____

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Property Name: _____ No of Paid Room Nights: _____

Name of contact at property who provided information: _____

Total number of paid hotel nights generated by event: _____