

**CITY OF LOVINGTON
LODGERS' TAX BOARD
EVENT EVALUATION FORM**

To be completed and turned in to City Hall within 7 days after event or project completion date

Organization Name: _____
Event Name: _____
Event Date: _____

Describe how many participants you had in attendance and how you calculated the results:

Describe how you evaluated the success of the event: (Please attach copies of any mediums used to obtain these results as well as a summary of responses)

How many lodging nights in Lovington were created by event? _____

How many non-City residents attended the event? _____

Provide a detailed demographic of the attendance at this event. Attach additional pages if needed.

Attach any other information you may have obtained for evaluation purposes that has not been included on this form.

I CERTIFY THAT THE INFORMATION REPORTED ON THIS EVALUATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND WILL PROVIDE ANY OTHER INFORMATION REQUIRED FOR VERIFICATION PURPOSES.

PRINTED NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____