

Exhibit A



Exhibit B



ROOM NIGHT CERTIFICATION

TO: Accommodation General Manager and/or Director of Sales

The purpose of this form is to quantify the actual number of room nights utilized in Pasco County for this event. Your internal correspondence or documentation on this Room Night Certification Form is critical for the event's receipt of grant funds.

Hotel/Location: _____

	TRACKED ROOM NIGHTS					
GROUP NAME						
EVENT/FESTIVAL NAME						
DATE						
PAID ROOM NIGHTS						
COMP ROOM NIGHTS						

Please provide any comments:

Hotel Representative

Signature: _____
I certify the organization/event listed above utilized the reported room nights.

Print Name: _____ Title: _____

Telephone _____ Email: _____

Your cooperation in completing this form is greatly appreciated. For additional information please contact the Pasco County Destination Management Organization at (727) 847-8129.