



City of Lake Geneva Tourism Commission Tourism Promotion Grant Application

Date Submitted: _____

Organization: _____

Contact Person: _____

Phone Number: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Name of Event: _____

Date(s) of Event: _____

Location of Event: _____

Type of Event: _____

(Festival, Cultural, Convention, Tour, Sporting, Other)

Estimated Number of Attendees: _____

Estimated Number of Overnight Stays: _____

Note: Please explain above how you estimated the number of overnight stays.

Annual Event (Yes/No): _____

Event/Initiative Start Date: _____

Event/Initiative End Date: _____

Note: In addition, if chosen, the applicant agrees to include the City of Lake Geneva logo on all marketing materials and will be required to provide paid receipts, and an evaluation of the results of this promotional effort within 45 days of its completion, which is to include approximate number of room nights retained in City of Lake Geneva hotels.

Grant Amount Requested: _____

Provide as attachment the following:

- 1) Event Overview/Description
- 2) Event Budget (Include how grant funds will be used)
- 3) Mock-up of Marketing Material to include City of Lake Geneva Logo
- 4) Marketing plan for the event
- 5) Any other helpful information

Please send the completed application with required additional information to CityAdmin@cityoflakegeneva.com and cc: DeputyClerk@cityoflakegeneva.com