

ORLANDO NORTH SEMINOLE COUNTY

EVENT QUESTIONNAIRE

Event Applicants: Please complete the questionnaire below. All completed responses will be provided to the event review committee. Please note that the events that generate the greatest number of room nights and economic impact will receive highest booking priority.

CONTACT INFORMATION

Organization Name _____
Sanctioning Body (i.e. – USA Baseball, ASA, US Lacrosse, US Youth Soccer, etc.) _____
Contact _____ Title _____
Address _____
City _____ State _____ Zip _____
Phone (primary) _____ Phone (secondary) _____
Email _____ Website _____

EVENT INFORMATION

Event Name _____ Date(s) _____
Are your dates flexible? Yes No
If yes, provide alternative dates: _____
What is the registration cutoff date? _____

Event Description

List the number of fields you are requesting as well as specifically the facilities you are requesting in this box. Please also include the format of the tournament or event; double elimination, round-robin, etc.

Participants, Coaches Spectators, etc.

Projected # of Teams _____ Projected # of Athletes _____
Average Participant/Team _____ Average Coach/Team _____
Participant Age Range _____ Participant Gender _____
Spectator to Athlete Ratio (Example: 2 Spectators : 1 Athlete) _____
Projected # of Coaches _____ Projected # of Staff/Local Personnel _____
Projected # of Officials _____ Projected # of Volunteers _____
Who is responsible for recruiting volunteers? _____

Origin of Participants

% Local _____ % In-State Non-Local _____ % Out-of-State _____ % International _____

Facility Needs

Facility Location (ie. Sports Complex, Soldiers Creek, etc.) _____
Sports Complex Hubs (if applicable): Hub A Hub B Hub C Hub D Number of Fields _____
Times _____ Setup Day Required? Yes No

EVENT HISTORY

Years in Existence _____ How often is the event hosted? _____

Please provide event history for the past 3 years.

Year 1	Location & Date _____ # of Room Nights Generated _____ Average Room Rate _____ # of Teams Participated _____ Did you receive funding? If yes, how much? _____ Reference (Name & Contact) _____
Year 2	Location & Date _____ # of Room Nights Generated _____ Average Room Rate _____ # of Teams Participated _____ Did you receive funding? If yes, how much? _____ Reference (Name & Contact) _____

ACCOMMODATIONS

What is the guaranteed minimum # of room nights this event will generate? _____

Price Range _____ Average Length of Stay _____

Arrival Date _____ Departure Date _____

Please complete a tentative room block calendar based on peak room needs for the event:

Tentative Room Block

Date								
# of Rooms								

Room Type Breakdown *(example: 50% King, 50% Doubles)* _____

Who will be responsible for hotel bookings? *(In-house, 3rd Party Travel Company, CFSC)* _____

Is this event a "hotel to compete"/"stay to play" event? _____

What is the cancellation/attrition policies associated with hotel contracts? _____

Is there a minimum length of stay required? _____ If yes, then how long? _____

Will a hotel commission be requested? _____ If yes, then how much? _____

Will a hotel rebate be requested? _____ If yes, then how much? _____

Will hotel comp rooms be requested? _____ If yes, what is the requested comp ratio? _____

Will you be requesting meeting planner/reward points? _____

Thank you for your interest in bringing your event to Seminole County. Please allow us time to review your request and our team will be in contact with you in a timely fashion. Remember, completion of this questionnaire does not constitute event approval and dates. The provisions outlined within this questionnaire, along with any past and future correspondence between our organizations with respect to the rental of Seminole County venues, are intended only to facilitate non-binding discussions, and either of our organizations have the right to withdraw from our discussions at any time without liability to the other respective party.

Signature *Name* *Title* *Date*