Please complete the following application and return to the Greater Wildwoods Tourism Improvement and Development Authority (GWTIDA) at 4501 Boardwalk, Wildwood, NJ 08260, fax to 609.846.2710 or email btrapp@wildwoodsnj.com. For more information contact Beverly Trapp, Director of Events @ 609.846.2653. Supplemental materials such as press releases, copies of news articles (if available), marketing plans, a detailed event description1 and an event proforma2 must be included with this application.

Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected Cost of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Projected Event Revenue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Projected Marketing Costs: \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested from GWTIDA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your event take place with or without GWTIDA Funding? Yes No (circle one)

**Please attach a fully detailed description1 of your event to this application that must include:**

(Applications that do not include all of the items below will be incomplete and will not be accepted for consideration)

* Evidence of your experience in producing or marketing similar type events.
* A full narrative on the event to include the event activities (if available) and the target demographic for

the event.

* A breakdown of your marketing plan to include which types of media will be utilized, placement of media

 and the media budget.

* What tracking methods are you are using to evaluate the effectiveness of the event?

Have you either notified or applied for a permit to conduct your event with the proper municipality in the Wildwoods? ­­

\_\_\_\_\_ Yes \_\_\_\_\_No

Check Areas that Apply to Your Event: \_\_\_\_ Spectator Fee \_\_\_\_ Participant Fee

Contact (Producer) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# What age group (demographic) is this event targeted to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_Anticipated Attendance\_\_\_\_\_\_\_\_\_\_\_\_

# Complete attached event proforma2.

* All sources of funding including sponsorships, grants, registrations, ticket sales, donations, etc.
* All expenses relating to the production, marketing and permitting of the event.

If awarded funding, Promoter shall provide the Authority with a **Post Event** **Report** outlining the overall success/failure of the event, the total attendance and specifics on the event. The post event report shall be delivered to the Authority no later than 90 days from the conclusion of the event. Failure to provide the Post-Event Report and the final Event Proforma with paid receipts during the period specified shall result in cancellation of this contract and loss of funding from AUTHORITY for the said event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­\_\_\_\_\_\_\_\_\_\_\_

## Contact Signature Date