



## POST EVENT FORM

City of Elliot Lake Event Support Program

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

Organization Requesting Support: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

<b>FINAL</b> Amount Requested: \$
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### Instructions:

Please complete the information in the post event form. Wherever possible, provide confirmation of estimates detailed in your original application.

**Attach a detailed event financials.**

Submit post event form and direct questions to:

Email: [info@city.elliottlake.on.ca](mailto:info@city.elliottlake.on.ca)

Post Event Form can also be dropped off at the:

City Hall

Attn: Event Support

4S Hillside Drive North

Elliot Lake, ON

P5A 1X5

**Note: Post Event Form must be submitted within 30 days of event.**

For Internal Use Only	
Date Received:	
Review Date:	
Final Payment Approved:	



# Elliot Lake

**Event Details**

**FINAL EVENT FINANCIALS MUST BE ATTACHED**

Event Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the event a success? (Circle one)      YES    NO

Will this event occur in Elliot Lake again? (Circle one)      YES    NO    MAYBE

Explain \_\_\_\_\_

**Event Impact**

Total Participants: \_\_\_\_\_

Non-Resident Participants: \_\_\_\_\_ Resident Participants: \_\_\_\_\_

Origin of Non-Resident Participants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Marketing and Outreach For Event: (media used, type of ad/listing, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other details of your event of the benefits of the City's financial support. Use this area to confirm estimates listed in your original application. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_