Clemson Area Chamber of Commerce
Event Support Funding Application
2017

General Information

Event Name_____________________________
Event Date(s)____________________________
Event Mission___________________________________________________________

□ One time event □ Annual event
□ New □ Established
How many yrs.? _____

Total number of expected participants ________ x _______days

Event Demographics

Is there a system in place for obtaining demographic info. on participants? □ Yes □ No

# of local participants ______ # of out of town participants ______
Average age of participants________________

Event Economic Impact

Will you be able to track spending trends of participants? □ YES □ NO
(i.e. How many will be staying in our hotels? How many will be eating in our
restaurants? Will they be here long enough and have enough free time to shop in our
stores?)

Upon completion of the event you will need to supply the Clemson Area Chamber of Commerce with the
economic impact results. The Chamber can help you develop a system by which to calculate the results.

Event Promotion

How and where will you promote the event? ________________________________

__________________________________________________

What, if anything, can the Clemson Area Chamber of Commerce do to promote your
event? ________________________________

__________________________________________________
Event Funding Request

Amount requested $__________

What will this money be used for? ___________________________________

Please list other funding sources. (grants, private contributions, sponsorships, entry fees etc..)

1. ____________________________ % of budget _______
2. ____________________________ % of budget _______
3. ____________________________ % of budget _______
4. ____________________________ % of budget _______

For established events~ Please indicate revenue over expense for last event
☐ event lost $ ☐ $1-$2000 ☐ $2001-$3500 ☐ $3501- $5000 ☐ over $5000

Name (print) _____________________________ Title___________________________

Signature_______________________________________ Date________________

Telephone___________________ Fax ________________________________

Email _______________________________________________

For office use only:

Sports Council Liaison____________________________
Interview Date____________________________

Notes:

Approve Funding Application for submission to Sports Council: ☐ YES- Amount $________
☐ No- Reason(s):

Please send completed application to: Clemson Area Chamber of Commerce
ATTN Kade Herrick
P.O. Box 1622
Clemson, SC 29633

Or fax to: 864-654-5096
If you have any questions or concerns please contact Kade Herrick at 864-654-1200,
kade@visitclemson.com