



Group Service Request Form

Today's Date: _____ Date(s) of Event: _____ Pick Up Date: _____

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Event: _____

Please choose event type:

Reunion Wedding Sporting Event Conference Special Event

Other: _____

Contact Name: _____

Email: _____ Phone Number: _____

How did you find out about our services?

Hotels being used: _____

of rooms booked: _____ # of nights: _____

of out of town visitors: _____ # of local attendees: _____

Did you receive a grant from Leon County Tourist Development Council?

Yes No

..... * **For Internal Use Only** *

Check materials receiving including quantity:

<input type="checkbox"/> Visitor Guide _____	<input type="checkbox"/> Promotional Items _____	<input type="checkbox"/> Collateral _____
<input type="checkbox"/> Plastic Bag _____	_____	_____
<input type="checkbox"/> Post Card _____	_____	_____
<input type="checkbox"/> Mesh Bag _____	_____	_____
<input type="checkbox"/> Meeting Planner _____	_____	_____

Staff Contact: _____

Already in iDSS:

Yes No

Date materials received: _____

Initials of receiver: _____

Date entered into in iDSS: _____