



**Kentucky Sports Authority**  
**Sports Events Sponsorship Program**



**II. Economic Impact**

Contract # \_\_\_\_\_

**Participation Summary**

**Total Participants** (*competitors, coaches, trainers, etc.*) **who used Overnight Accommodations** \_\_\_\_\_

**Average Number of Nights for Participants** \_\_\_\_\_

**Total Spectators** (*fans, family, friends, etc.*) **who used Overnight Accommodations** \_\_\_\_\_

**Average Number of Nights for Spectators** \_\_\_\_\_

**Total Media who used Overnight Accommodations** \_\_\_\_\_

**Average Number of Nights for Media** \_\_\_\_\_

**Number of Participants, Spectators and Media who did not use Overnight Accommodations** \_\_\_\_\_

**III. Explain how the totals above were compiled (ex. Visitor Surveys, Ticket Sales)**

*Please attach any supporting documentation*

**IV. Media Exposure:** *include copies of printed materials, television highlights, video documentation etc.*

**V. Signage:** *include photos of signage including the KSA logo and credit line.*

**Mail Requests to:**  
**Kentucky Sports Authority**  
**500 Mero Street, CPT 24**  
**Frankfort, KY 40601**

**Post Event Report Completed By:**

\_\_\_\_\_  
**Name** (*Please Print*) \_\_\_\_\_  
**Title** (*Please Print*)

\_\_\_\_\_  
**eMail** \_\_\_\_\_ \_\_\_\_\_  
**Phone** \_\_\_\_\_ \_\_\_\_\_  
**Date**

**Authorized Signature**

I, the undersigned, hereby certify that I have read and understand the Post Event Reimbursement Report Policies and Procedures, and attest that all information included with this report is true and accurate. I further certify that the costs incurred are taken from the books of account and that such costs are valid and consistent with the terms of the contract and all original backup documentation is maintained. Such books and records shall be maintained for a period of three (3) years from the date of final payment.

**KSA Use Only**

\_\_\_\_\_  
**KSA Approval** \_\_\_\_\_ \_\_\_\_\_  
**Approved Reimbursement Amount** \_\_\_\_\_ \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**TAH Secretary Approval** \_\_\_\_\_  
**Date**