

Exhibit D



## SEMINOLE COUNTY CONVENTION & VISITORS BUREAU (CVB)

### ROOM NIGHT PICKUP CERTIFICATION FORM

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Dear Sales Manager: In order to help Seminole County maximize the number and size of events attracted to Seminole County, and your hotel, we respectfully request the completion of this form for the event listed below and return this completed form to the Event Organizer as soon as possible.

#### Request for Room Night Pick-Up Event

*Attn: Sales Manager, please provide the room night information for the event dates listed below as soon as possible:*

**Hotel Name/ Location:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_ **Event Dates:** \_\_\_\_\_

**Total Number of Confirmed Tournament Room Nights at Hotel:** \_\_\_\_\_

**Sales Manager Signature:** \_\_\_\_\_

The purpose of this form is to certify the number of local hotel room nights in Seminole County attributable to the event. It is crucial that the hotel provides the County with accurate room night information to best evaluate the economic impact of this event.

The Seminole County Tourism office reserves the right to unilaterally reduce the maximum amount of any grant awarded should the applicant's room night guarantee not be satisfied or documented appropriately. Please return this form to the event organizer or you can e-mail this form to [dtrosset@seminolecountyfl.gov](mailto:dtrosset@seminolecountyfl.gov)

Your cooperation in completing this form is greatly appreciated. For additional information please contact:

Danny Trosset, Sports Tourism Manager (407) 665-2902.

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