



Meeting/Event Grant Application

Requests Must be Submitted Prior to the 1st Tuesday of Each Month to be included in the Chamber of Commerce Executive Board Agenda.

Applications should be mailed to: The Clinton Chamber of Commerce 101 S. 4th St. Clinton, OK 73601.

Organization Applicant Information

Organization/Agency Name: Clinton Wrestling Boosters		Date: 4-17-18
Mailing Address: P.O. Box 1403		Phone:
City: Clinton	State: OK	ZIP Code: 73601
Year Founded/Established: 2012	Non-Profit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Please circle)	Website:

Type of Organization/Agency (brief description of activities and primary purpose): **Boosters - to take care of needs of MS, HS Wrestlers (hotels, tournament fees, concession supplies, banquet) pay DeWitt coach.**

Event/Emergency Contact Information

Event Contact Person: Chris Maley		Title: Clinton Youth Wrest. Coordinator
Address: 8500 W. Modelle Ave.		Phone: 580-303-0048
City: Clinton	State: OK	Zip: 73601
Email Address: C.maley78@att.net		2 nd Phone: 580-309-2764

Meeting/Event Information

Name of Meeting/Event: Hub City Beat Down			
Date Event Begins	July 7th 2018	Date Event Ends	July 7th possibly into 8th

Full Description of proposed Fund usage for Meeting/Event (Be specific):

Medals Div. 1-5, old timers, HS (118) \$ 1,500.00

Ref fees for 12 refs 2 head refs \$500 for two, 10 refs - total \$2,000.00

Total ref fees \$ 2,500.00

Restroom Rental - # 3

Pepsi trailer and pepsi product for sale -

Date of Last Meeting/Event	Number/Years Previously Received Funds	0	Meeting/Event Funding Amount Requested:	5,000
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Meeting/Event Grant Application (Continued)

Organization/Agency Name:	Date:
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Economic Impact

Anticipated Economic Benefit or Impact to the City of Clinton: *Hotel guests, shopping at local stores before and inbetween matches, business to fast food and restaurants.*

Expected Visitor Attendance to Clinton:	<i>200-400</i>	Local Visitors (within 75 miles)	<i>300</i>	Area Visitors (outside 75 miles)	<i>100</i>	Out of State Visitors	<i>?</i>
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Total Expected Number of Hotel/Motel Room Nights Required (# nights x # rooms)	Host Hotel/Motel:
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Overflow Hotels/Motels:

Anticipated Meeting/Event Facilities Required: *Frisco Center for weigh-ins 2:00-3:00 and possible back up.*

Dispersal Information

Name and Address to Appear on Check:

Name: *Chris Maley*

Address: *8500 W. Modelle Ave.*

City: *Clinton* State: *OK* ZIP Code: *73601*

Terms

We acknowledge the Organization information included in this application is true and accurate with no facts having been in any way misrepresented. Should an approved event be CANCELED after the funds have been disbursed, then we, the Organization, agree to repay all funds received within 30 days of the scheduled event or date of cancellation.

Authorized Applicant Signature: <i>Chris Maley</i>	Applicant Title: <i>Pee wee Wrestling Coordinator</i>
Printed Name: <i>Chris Maley</i>	Application Date: <i>4-17-18</i>

Before submitting this request, please ensure all pages have been completed in their entirety and proper signatures are included. If a question is not answered, please state why it is not answered.

Funding Process

The Clinton Chamber of Commerce Executive Board will review all applications during the Executive Session scheduled on the 2nd Wednesday of each month. Once reviewed, recommendations will be presented to the City of Clinton Industrial Authority during 3rd Tuesday regularly scheduled City Council meetings. A representative from the organization requesting funds may be present at the Clinton Chamber of Commerce Executive Board meeting and the Clinton City Council meeting to address any questions or concerns.

Clinton Chamber of Commerce Executive Board Funding Recommendation

Grant Amount Recommended to the Clinton City Council for Final Approval: <i>2,500⁰⁰</i>	Date: <i>5/9/18</i>
Signature of Clinton Chamber of Commerce Board Chair or Acting Chair: <i>[Signature]</i>	Printed Name: <i>MAX MCKINSEY</i>