



EXPERIENCE DEVELOPMENT APPLICATION

Application Deadline: Saturday, June 1, 2024

Please tell us about your organization...

Name of Organization:

Organization Physical Address (where the experience will take place):

Organization Mailing Address (if different from physical address):

Authorized Signatory Name and Title:

Project Contact Name and Title:

Project Contact Phone, Email:

Project Secondary Name and Title:

Please tell us about your organizational mission:

Please tell us about your target market/customer demographic:

Please give us some background on the experience(s) you're considering...

How do you feel an immersive, authentic experience would fit and benefit your mission:

How will your organization's experience authentically connect to the region:

Please provide one or more examples of an experience that you would like to develop during this process:

Please tell us what memories, messages or new learnings you want your guests to leave with:

Our goal is to market the experience as developed for a minimum length of three years. Please tell us what systems you currently have in place (or are willing to put into place) to ensure sustainability of an experiential product thru this timeframe:

I have read, understand and commit to the experience summarized above.

Name

Date

Don't hesitate to reach out to us with questions:

cvecchio@sonomacounty.com

trainey@sonomacounty.com

Please submit this to Tanya Rainey at trainey@sonomacounty.com on or before June 1.