



SPONSORSHIP/DONATION APPLICATION FORM

(Covering letter with official group/organisation letterhead to be submitted with this application form.)

Name of Organisation:	
Postal Address:	
Name of Primary Contact:	
Email:	
Phone:	
Position Held:	
Date of Event:	
Description of Event:	
Type of Sponsorship:	Monetary: <input type="checkbox"/> Product: <input type="checkbox"/> Other: <input type="checkbox"/>
<p>Acknowledgement of contribution:</p> <p>Bundaberg Sugar mentioned in promotional material and at event. Please indicate below. <i>(Please provide evidence of promotion post event eg photos; copy of material etc.)</i></p> <p><input type="checkbox"/> Event program/flyer</p> <p><input type="checkbox"/> Television advertising</p> <p><input type="checkbox"/> Newspaper/print advertising</p> <p><input type="checkbox"/> Radio</p> <p><input type="checkbox"/> Signage</p> <p><input type="checkbox"/> Display of Bundaberg Sugar banner / marquee</p> <p><input type="checkbox"/> Other, specify _____</p> <hr/> <p>Has your group/organisation received any sponsorship / donations from Bundaberg Sugar in the past?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, how often:</p> <p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Bi-annually</p> <p><input type="checkbox"/> Three years or more</p>	<p>Purpose:</p> <p><input type="checkbox"/> Health and welfare</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Sporting / Cultural activities (eg Arts, Music)</p> <p><input type="checkbox"/> Community event</p> <p><input type="checkbox"/> Other, Specify: _____</p> <hr/> <p>Please provide a brief description of your group/organisation, including its main objectives:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I certify that the information given in this application is correct and if funding is approved acknowledgement of sponsorship is carried out and evidence provided as indicated on this form.</p> <p>Signature: _____</p> <p>Name (please print): _____</p> <p>Position held: _____</p>
<p><i>Office Use Only:</i></p> <p>Date Received: ___/___/___</p> <p>Date Responded: ___/___/___ Approved: <input type="checkbox"/></p> <p>Signature: _____</p>	