

Sponsorship Application Form

Event / Activity Type:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Education |
| <input type="checkbox"/> Charity / Welfare | <input type="checkbox"/> Health |
| <input type="checkbox"/> Community Organisation | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Other (Please specify) | |

Organisation Name:

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Address:

Street No:	Street Name:
Suburb:	Post Code:

Business Details:

ABN / ACN:	
Registered for GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact Details:

Telephone Number:	
Fax Number:	
Email address:	
Contact Name:	
Contact Position Title	

Event Details:

Name of Event:	
Date & Duration of Event:	
Target Market(s) for the Event	
Goals to be satisfied by the Event	

The Marketing Message to be Communicated by the Event:	
Nature of the Sponsorship Requested:	
Frequency of Sponsorship Commitment: if for Billboard advertising please list required dates.	
Number of Sponsors Sought for this Event (please include names of all organisations approached)	
Please Provide Details of any Sponsorship that has already been Confirmed for this Event:	
Names and contact details of Referees who may confirm your ability to successfully run the Event.	
Will Westernport Water's logo appear in any advertising or promotion of this event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
PLEASE NOTE: Prior to any use of the Westernport Water logo, a Use of Logo Application Form must be submitted for approval.	
List all charities or community groups that will benefit from or receive proceeds or profits.	
<p>Please use this space to provide any further information that may help your application: Please attach proposed artwork if sponsorship is related to Billboard advertising.</p>	

Sponsorship Application form must be completed and returned with any supporting material to:

COMMUNICATIONS & MEDIA MANAGER
WESTERNPORT WATER
2 BOYS HOME ROAD
NEWHAVEN VIC 3925

All enquiries to:

CUSTOMER SERVICES MANAGER
Phone: (03) 5956 4173
Fax: (03) 5956 4101

Office Use Only:

Application Approved: Yes No

Justification:

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Signature:

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Date:

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