

SPONSORSHIP REQUEST FORM

*SPONSORSHIP REQUEST MUST BE SUBMITTED 30 DAYS IN ADVANCE IN ORDER TO BE CONSIDERED FOR DISCOUNT.

NAME OF ORGANIZATION: _____

DATE/TIME OF EVENT: _____

LOCATION OF EVENT: _____

EVENT CONTACT NAME: _____

EVENT CONTACT PHONE: _____

EVENT CONTACT EMAIL: _____

IS THIS AN ANNUAL OR RECURRING EVENT? Y N

HAS APR PREVIOUSLY SPONSORED THIS EVENT? Y N

ITEM(S)/AMOUNT REQUESTED: _____

OTHER VENDORS MAKING DONATIONS: _____

HOW WILL APR BE PROMOTED AT YOUR EVENT?: _____

FOR INTERNAL USE ONLY.

DATE RECEIVED: _____ PREVIOUS CONTRACT NO.: _____