

We receive many requests for sponsorship support. To assist in evaluating your proposal, please complete this application form. An assessment of your application will be conducted with a reply provided within 30 working days. If there is additional supporting information, please provide this with your application.

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**Name of group seeking sponsorship**

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**Name of event (if applicable)**

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**Date/s of event (if applicable)**

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**Brief description of your organisation**  
(max 50 words)

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**What type of group is requesting the sponsorship support?**  
Sport / Arts Organisation / Cultural Event / Charity

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**Has Springs Medical provided sponsorship in the past?**  
Yes / No  
If 'yes', what year?  
What was the value of past support?

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**Provide an overview of the proposed sponsorship opportunity for Springs Medical**  
(max 50 words)

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**How long is the proposed sponsorship term?**  
One off/ongoing?

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**Proposed benefits of sponsorship to Springs Medical (please indicate & provide description)**

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**ABN**

Where your application is approved,  
an invoice with bank account details is required to be submitted asap

C:\Users\Jake\Desktop\Rev 5\r6\Sponsorship Application V6.docx

10 Hospital Street  
(PO Box 464)  
● Daylesford Vic 3460  
**tel: (03) 5348 2227**  
fax: (03) 5348 1447

22 Victoria Street  
(PO Box 260)  
● Trentham Vic 3458  
**tel: (03) 5424 1602**  
fax: (03) 5424 1851

admin@springsmedical.com.au  
● **springsmedical.com.au**  
abn: 7491 7927 268

## Sponsorship information

Media Exposure (e.g TV, Radio, Press)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Online	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Signage	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Alternative form of advertising	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Raising public awareness of issue	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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Are there any other details that you would like Springs Medical to be aware of?

## CONTACT INFORMATION

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Contact Name

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Postal Address

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Telephone Number

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Telephone Number

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Fax Number

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Email Address

Thank you for taking the time to complete this form.

Please email, fax or post your application to Springs Medical Daylesford as per details below.

Your application will be assessed by our Management team with a reply likely to be provided within 30 working days.

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