



springs  
medical

we're here for you

Springs Sponsorship Program

**Application Form**

July 2021 – June 2022



# Springs Sponsorship Program

## Application Form July 2021 - June 2022

### Organisation Details

Name of community group/event/organisation seeking sponsorship:

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Address:

Street Address

City

State

Post Code

Phone:

Email

Date/s of event (if applicable):

Is your organization or group incorporated?  YES  NO If no, who is your auspicing body?

Name of auspicing body: *(The auspicing body must sign this application to acknowledge approval of application).*

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Organisational head and title:

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Brief description of your organization (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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● 10 Hospital Street  
Daylesford 3460  
t:03 5348 2227  
f:03 5348 1447

● 22 Victoria Street  
Trentham 3458  
t: 03 5424 1602  
f: 03 5424 1851

● 89 Piper Street  
Kyneton 3444  
t: 03 5422 1298  
f: 03 5422 1307

admin@springsmedical.com.au

www.springsmedical.com.au

abn: 7491 7927 268

### Contact

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Account Details:

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Sponsorship Overview:

Has Springs Medical provided sponsorship in the past? YES NO

If yes, what year: \_\_\_\_\_ What was the value of past support? \_\_\_\_\_

**Provide an overview of the proposed sponsorship opportunity for SMC**  
(max 50 words) **How long is the proposed sponsorship term? (One off/ongoing?)**

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### Sponsorship Overview Continued:

Please indicate which of the following opportunities are available to Springs Medical if your sponsorship application is successful:

Display or utilization of advertising material at the event including:

- Tear drop banner/s     Banner     Posters
- Temporary signage (display on fence or similar structure)
- Permanent signage at your premises
  
- Addition of your organisation's name in conjunction with our advertising
- Use of your organisation's name in conjunction with our advertising
- Attendance at your organisation's event/presentation by a Springs Medical representative if appropriate
- Use of photographs of your event/presentation for marketing purposes
- Springs Medical logo on your organisation's website/social media under sponsors list
- Media Exposure (*i.e. TV, Radio, Press*)
- Alternative form of advertising – please specify
- Other – Please specify

### Supporting Documentation (if applicable):

- Project budget
- Past promotional material
- Any other relevant information (*please specify*)
- Quotes

Signed:

Date:

Name/Title:

If applicable, the auspicing body must sign this application to acknowledge approval of the application.

Signed:

Date:

Name/Title:

Thank you for taking the time to complete this form and considering Springs Medical for your sponsorship needs.

Please send your completed application to:

- Fax (03) 5348 1447 or
- Email [admin@springsmedical.com.au](mailto:admin@springsmedical.com.au)

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

Thank you!

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