



springs
medical

we're here for you

Springs Sponsorship Program

Application Form

July 2019 – June 2020

Organisation Details

Name of community group/event/organisation seeking sponsorship:

Address:

Street Address

City

State

Post Code

Phone:

Email

Date/s of event (if applicable):

YES NO

Is your organization or group incorporated?

If no, who is your auspicing body?

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

Organisational head and title:

Brief description of your organization (max 50 words):

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

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

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?)

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

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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