



Sponsorship Program Application Form

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 auspicng body?

Name of auspicng body: *(The auspicng 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)*

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!

● 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