



Application for Sponsorship 2019

Applications close 30th April 2019

Date of Request: ____ / ____ / ____

Organisation requesting sponsorship: _____

Representative: _____ Position: _____

Contact Details:

Telephone _____

Email _____

Purpose for which sponsorship is requested:

Amount of sponsorship requested: \$ _____

What shall be the benefit/return to Mary Valley Chamber of Commerce of this sponsorship (eg how shall it be promoted/what benefit to MVCOC members is there in making this sponsorship)?

Date of event/work: _____

Applicant Signature: _____

Please return completed application to secretary@mvcoc.com.au or MVCOC PO Box 36, Imbil Q 4570

MVCOC Use: Application received: _____ Application Assessed: _____

Applicant Advised of Assessment: _____ Sponsorship Paid: _____