

SPONSORSHIP APPLICATION FORM

APPLICANT'S DETAILS

Name of applicant:	
Name of applicant organisation:	
Position held at applicant's organisation:	
Physical address:	Courier address:
Telephone number:	Mobile number:
Fax:	Email:

EVENT DETAILS

Name of event:	
Date and Time of Event:	Is this an annual event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Event:	Sponsorship Proposal attached: <input type="checkbox"/> Yes – no. of pages: <input type="checkbox"/> No <i>(please refer to application guidelines for proposal requirements)</i>
Will this event be unique to Auckland CBD? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other documents attached: <input type="checkbox"/> Yes – no. of pages: <input type="checkbox"/> No
Expected attendance for the event:	Historical attendance (existing events only):
Will this event be marketed nationally? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide marketing and media plan together with budget	Will this event be marketed locally? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide marketing and media plan together with budget
Summarise briefly what this event is about and how it fits with the BIG little City campaign values:	Outline how the event will meet the HOTC sponsorship objectives:



ORGANISATION DETAILS

Is the applicant organisation a legal entity? Yes No

Is the application organisation GST registered? Yes No

What level of public insurance does the event carry?

Does the event have a full time event organiser/organisation team? Yes No (If yes, please provide details)

Does your organisation hold intellectual property rights to the event? Yes No

If another organisation holds the intellectual property rights, please detail here:

FORMAL PROPOSAL – TO ACCOMPANY THIS APPLICATION

Marketing strategy for the event

Long term strategy for the event

Event budget

Revenue strategy

The information supplied with this application is true and correct according to the best of the Applicant's knowledge. The Applicant agrees to abide by any conditions, which Heart of Auckland City Inc. may impose on the exercise of its grant of this application.

Applicant Name:

Signature:

Date:

