

Name of Organization Date

Address City Zip

Contact Name Phone

Contact Email

Name of Event Date of Event

Location of Event Anticipated Attendance

How many years has this event existed?

Purpose of Event

Type of support requested: financial employee involvement other (please explain)

Requested Sponsorship Amount: Deadline for Support

Please attach the following documents with your request if available:

* Cover letter
* Event descriptor and levels of sponsorship available
* Sponsorship Commitment Form for us to fill out and send with funding
* Contact person and mailing address

If you have any questions, please contact jbeatty@visitmarshallcounty.org.