APPLICATION FOR MAJOR EVENT SPONSORSHIP

APPLICATION DETAILS

Name of organisation

Name of event/activity

Contact person Name			Position		
Postal address Street number	Street name				
Suburb			State		Post code
Contact phone number	r	Email add	lress		
Is your organisation bas What is the legal status Incorporated assoc Company/limited b Non-profit coopera Government body Other	of your organisa ciation by guarantee		government area?	Yes	No
Is the proposed event/a	activity to take p	lace within	Penrith City?	Yes	No
Is this a free event?				Yes	No
If no, what is the cost p	er person?		What is the total co	ost of your	event?
Provide a breakdown o Local residents	f your estimated	d event atte	ndance Interstate		
Other NSW			Overseas		
Have you received assis If yes, please advise the		-		Yes	No

LOCATION DETAILS

Location(s) of event/activity

	Proposed start date	Proposed start time		
	Proposed end date	Proposed end time		
	How much money are you requesting from Counc	il in return for the benefit	s provided?	?
	What is the expected number of attendees/partici	pants for your event/activ	vity?	
	Describe the target market(s) for your event/activit	у		
	Will the event/activity be carried out in partnership organisations or agencies? If yes, please give details.	o with other	Yes	No
••••	What does your group/organisation do and why?			
	Please give a brief description of the event/activity	<u>.</u>		

If monetary assistance is required, please outline how these funds will be spent or will contribute to the event/activity?.

Briefly describe the aims of the organisation.

What sponsorship benefits will you offer to Council?

What benefit does the event/activity offer to the Penrith community?

Does the event offer any economic development benefits to Penrith (eg visitors staying in the Penrith area for an extended period of time)? Please explain

Does the event utilise local resources (ie businesses, facilities, suppliers etc)? Please explain.

Please attach a business plan including marketing information.

INSURANCE DETAILS

Please give details of your Public Liability Insurance Insurance company

Name of underwriter

Policy number

Amount

Expiry date

Please provide a copy of public liability insurance with application.

ACCOUNT DETAILS FOR EFT TRANSACTIONS

Name of Bank / Financial Institution

Branch

Account name

BSB number	Account number

EFT Reference Code ABN

I certify to the best of my knowledge that the statements made in this application are true. I understand that should this application be approved by Penrith City Council, I will be required to accept the terms and conditions in accordance with Council's accountability and reporting requirements.

Please tick the box to confirm you agree with the Terms & Conditions outlined in the Major Event Sponsorship Guidelines.

Signature

Date

Print name

Position

For further information or assistance prior to submitting an application please contact: Telephone: 02 4732 8060 Email: slee@penrithcity.nsw.gov.au

Please return completed applications to: Email: slee@penrithcity.nsw.gov.au Post: PO Box 60 PENRITH NSW 2751

Or lodge in person at: Penrith City Council Civic Centre 601 High Street PENRITH

ATT: Shelley Lee

Penrith City Council

OFFICE USE Notes	ONLY		
Date submitted			
CONTACT US	5		

601 High Street PENRITH NSW 2750 **CITY COUNCIL**

PENRITH

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