



GIBBONS HOSPITALITY GROUP

SPONSORSHIP REQUEST FORM

FOR VENUES, EVENTS & DONATIONS

Thank you for your interest in the Gibbons Hospitality Group's Sponsorship Program! Due to the volume of requests received, please note that we **require 6 weeks' notice** to process requests. Instructions: Please complete this form in **CLEAR TEXT** and submit to sponsorship@gibbonswhistler.com.

GENERAL INFORMATION:

COMPANY/ORGANIZATION LEGAL NAME:			
OPERATING OR "COMMONLY KNOWN" COMPANY NAME:			
NAME OF EVENT/CAUSE REQUESTING SPONSORSHIP:			
MAIN CONTACT NAME & TITLE:			
CONTACT EMAIL:		CONTACT PHONE #:	
PHYSICAL ADDRESS OF ORGANIZATION:			
ORGANIZATION/CAUSE WEBSITE/URL:			
DATE OF EVENT OR DATE SPONSORSHIP REQUIRED BY:			
TYPE OF ORGANIZATION (SELECT ONE):	<input type="checkbox"/> NOT-FOR-PROFIT (NFP) <input type="checkbox"/> CHARITY <input type="checkbox"/> CORPORATION	<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PUBLIC BODY/GOVERNMENT <input type="checkbox"/> OTHER (PLEASE SPECIFY BELOW):	
GST NUMBER:		CHARITY/NFP STATUS #: <i>(IF APPLICABLE)</i>	

EVENT/CAUSE INFORMATION:

PLEASE DESCRIBE THE MISSION/PURPOSE OF YOUR ORGANIZATION OR CAUSE:			
LOCATION/ADDRESS OF THE EVENT: <i>(IF APPLICABLE)</i>			
PLEASE GIVE A BRIEF DESCRIPTION OF THE EVENT/CAUSE:			
WHAT # OF ATTENDEES ARE EXPECTED?		IS YOUR EVENT FOR AGES 19+ ONLY?	<input type="checkbox"/> YES <input type="checkbox"/> NO (ALL AGES)
WHO IS YOUR TARGET AUDIENCE FOR THIS EVENT/CAUSE (DEMOGRAPHICS)? <i>PLEASE CHECK ALL THAT APPLY.</i>	<input type="checkbox"/> COMMUNITY RESIDENTS <input type="checkbox"/> STUDENTS/YOUTH (ALL AGES) <input type="checkbox"/> ONLINE MEDIA & INFLUENCERS	<input type="checkbox"/> TOURISTS/VISITORS <input type="checkbox"/> BUSINESSES/SPECIFIC INDUSTRY <input type="checkbox"/> OTHER	

ADVERTISING & PRODUCT SPONSORSHIP DETAILS

<p>PLEASE PROVIDE DETAILS OF HOW AND WHEN ADVERTISING & PROMOTION FOR THIS EVENT WILL OCCUR:</p>	
<p>HOW ARE YOU RECOGNIZING SPONSORS/DONORS, AND HOW WILL GIBBONS BE FEATURED?</p>	
<p>WHAT SPECIFIC TYPE OF SPONSORSHIP/DONATION ARE YOU REQUESTING GIBBONS HOSPITALITY GROUP TO PROVIDE?</p> <p><i>PLEASE NOTE:</i></p> <ol style="list-style-type: none"> 1. APPROVED DONATIONS MUST BE PICKED UP BY REQUESTOR 2. DRAUGHT SERVICE AND POUR STATIONS MAY REQUIRE PAYMENT FOR STAFFING SERVICE AND IS ONLY SUBJECT TO STAFF AVAILABILITY AT THIS TIME. 3. IF YOU ARE SEEKING APRÈS LAGER DONATIONS, PLEASE USE THE APRÈS LAGER SPONSORSHIP FORM FOUND ONLINE. 	<ul style="list-style-type: none"> Δ RAFFLE/AUCTION ITEMS Δ WELCOME GIFT/BAG INSERT/GIFT CARD Δ CASH DONATION Δ PRODUCT DONATION (BRANDED MATERIALS) Δ PRODUCT DONATION (FOOD & NON-ALCOHOLIC BEVERAGES) Δ PRODUCT DONATION (EXPERIENCES & HOSPITALITY) Δ OTHER (PLEASE DESCRIBE BELOW):
<p>PLEASE PROVIDE ADDITIONAL DETAILS REGARDING YOUR REQUESTED SPONSORSHIP/DONATION:</p> <p><i>INCLUDE ANY APPLICABLE DETAILS INCLUDING BUT NOT LIMITED TO:</i></p> <ol style="list-style-type: none"> 1. AMOUNTS/VOLUME OF PRODUCT REQUESTED 2. TIME OF EVENT OR SETUP/TAKEDOWN 3. GIBBONS STAFF PRESENCE REQUIRED? 	
<p>HAVE YOU EVER RECEIVED SPONSORSHIP FROM US BEFORE? IF YES, WHEN AND WHERE?</p>	
<p>PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL IMPORTANT TO HELP US PROCESS YOUR REQUEST:</p>	

THANK YOU FOR REACHING OUT TO US FOR YOUR SPONSORSHIP REQUEST!

EACH REQUEST WILL RECEIVE A RESPONSE, SO PLEASE ALLOW OUR TEAM 10 BUSINESS DAYS TO REVIEW/RESPOND.

[DO NOT COMPLETE BELOW - FOR INTERNAL USE ONLY]

DATE RECEIVED:		APPROVED:	Δ YES Δ NO
DATE REVIEWED:		AUTHORIZED BY:	
DATE RESPONSE SENT:		ASSIGNED TO:	
NOTES:			
REQUIRED FOLLOW UP & SCHEDULING:			