



### Sponsorship Application

Date: \_\_\_\_\_ Amounted Requested: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Year Organization/Agency was Founded/Established: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ For Profit \_\_\_\_\_ Non-Profit

Name of Event: \_\_\_\_\_

Dates of Event: \_\_\_\_\_ Open to the Public \_\_\_\_\_ Yes \_\_\_\_\_ No

Beginning and Ending Time of Event: \_\_\_\_\_  
Include daily times if event is multiple days

Brief Narrative Description of the Event: \_\_\_\_\_

\_\_\_\_\_

Reason for considering Grove and Grand Lake Area as Event location: \_\_\_\_\_

\_\_\_\_\_

Organization/Agency Website: \_\_\_\_\_

Organization/Agency Social Media: \_\_\_\_\_

Event Website: \_\_\_\_\_

Event Social Media: \_\_\_\_\_

**Sponsorship Funding**

Primary Use(s) of Funds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List of other sponsors and amount of funds provided:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Attach additional sheets if necessary

**Visitor Spending**

Economic Benefit to Grove:

Anticipated Visitor Spending in Grove:

Total anticipated number of out of town attendees: = \_\_\_\_\_

Day visitors      # of visitors \_\_\_\_\_ x # of days \_\_\_\_\_ x \$75 = \$ \_\_\_\_\_

Overnight visitors      # of visitors \_\_\_\_\_ x # of nights \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_

Total Anticipated Visitor Spending: \$ \_\_\_\_\_

Anticipated Total Number of Hotel Room Nights

# of nights \_\_\_\_\_ x # of rooms \_\_\_\_\_ = \_\_\_\_\_

Anticipated Grove Hotels to be used:

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Anticipated Grove Event Facilities to be used: \_\_\_\_\_

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Provide any additional comments that support the need for a Sponsorship or how your event will enhance Grove and the Grand Lake Area as an Event/Tourist destination: \_\_\_\_\_

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Name of Contact Person: \_\_\_\_\_

Phone number of Contact Person: \_\_\_\_\_

Name to appear on Sponsorship check: \_\_\_\_\_

Address to mail Sponsorship check: \_\_\_\_\_

City / State/ Zip: \_\_\_\_\_

I agree all of the information included in and with this application is true to the best of my knowledge. We agree to provide all of the required post event information within thirty (30) days of the conclusion of our event.

Authorized Representative: \_\_\_\_\_

Print name

Title: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Signature

Date: \_\_\_\_\_