



**Application for Sponsorship by Eden Health District**

**Date of Request:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

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

**Date of Event:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Amount Requested:** \_\_\_\_\_

**Anticipated Number of Participants in Event:** \_\_\_\_\_

**Estimate of How Many Participants will be Residents of Eden Health District:** \_\_\_\_\_

**Anticipated Net Proceeds of Event, if it is a fundraiser:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please describe the direct health benefit to residents of the District:**

**Please list past sponsorships by Eden Health District:**

**Please list any grants from the Eden Health District within the last 5 years:**

**What is the plan for publicity for the event?**

**Please list past publicity from previous events:**

**Any other information that will help the Eden Health District Board decide on the sponsorship:**