



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: