



## Application for Sponsorship by Eden Health District

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

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

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

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

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 or grants in the last five years from Eden Health District:

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

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

**Will you commit to emailing us photos of the event after it takes place? \_\_\_\_\_ Yes \_\_\_\_\_ No**  
**(Email them to [badranly@ethd.org](mailto:badranly@ethd.org))**

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