

ADFAS Launceston Inc.



ADFAS Launceston Sponsorship Application

1. APPLYING ORGANISATION

Contact Person Title: Name: Date:

Organisation:

Address:

Postcode: Phone: Email:

1. PROJECT TITLE

2. PROJECT AIMS

3. PRINCIPAL BENEFICIARIES

Who will benefit?

4. ASSESSMENT & EVALUATION

How will you ASSESS the OUTCOMES of your Project and EVALUATE its success having regard to the aims of ADFAS Launceston?

5. ACKNOWLEDGEMENT

We ask your organisation to acknowledge the financial support received from ADFAS Launceston to your local community. How will you do this?

6. AMOUNT OF SPONSORSHIP BEING SOUGHT

\$

7. TERMS & CONDITIONS

1. *ADFAS Launceston Inc. will not be responsible for any amount beyond the approved sum agreed herein.*
2. *As recipient of ADFAS Sponsorship for this project, you permit ADFAS to acknowledge the sponsorship in communication to ADFAS membership and to the general public.*
3. *You will supply ADFAS Launceston with a written report and photographs which may be used for publicity purposes within 30 days of the conclusion of your project. You will obtain written permission from the participants for the use of their photographs.*
4. *As recipient, you agree to the terms and conditions herein.*

8. SIGNATURES

Applying Organisation

Signing Person's Name:

Position held:

Signature:

ADFAS Launceston Inc.	Date Approved:	Date Issued:	Sponsorship Amount: \$
Signature:		Signature:	ADFAS Launceston Treasurer
ADFAS Launceston Chairman			