

FOR OFFICE USE:

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Bear Lake Memorial Hospital Sponsorship Application



Criteria

- Applicants must be a group or organization. No individuals. Please describe the sponsoring agency (i.e. Parks & Rec, Bear Lake High School, etc.)
- Application must be submitted at least three weeks prior to event.
- Must be residents of Bear Lake Memorial Hospital's service area.
- Itemized description of how money will be used. (Receipts may be required)
- **If any, list included advertising that the hospital may receive related to supporting this event.(banner, logoed shirts, name mentions, etc.)**
- Supporting statement or endorsement from coach, club director, or secretary how funding and event will support your goal or benefit the community.

About the Applicant

Name: Phone:

Address:

State: Postal Code:

Email:.....

About your Organization/Club/School

Organization	Club	School	Secretary/Coach/Individual
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Name:

Address:

.....
.....

State: Postcode:

Tel: Website:.....

Make Check Payable to:

Your Reason for this Application

Please state your reason for this application: (include funding request)

Supporting Statement from Secretary/Coach/Tutor

(This may be made separately in letter form if preferred)

Name: Occupation:

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Signed: Date:.....

Declaration

The above information is true and accurate to the best of my knowledge.

Signed:

Parent / Guardian signed: (*under 18's*)

.....

Date:

This form, together with any other information you wish to append should be returned to the address below **at least three week** prior to event.

Julie Nelson
Marketing Manager
julie.nelson@blmhospital.com
164 S. 5th St. Montpelier, ID 83254