

APPLICATION FOR SPONSORSHIP / ASSISTANCE

Name:	
Mailing Address:	
Postal CodePhone Number:	
E-Mail Address:	
Contact Person:	

lease g	ive details of your request:
That bene	efits will be achieved if this request is
granted?	
Please 1:	
	ist other organizations from which you have
requeste	ist other organizations from which you have d / received assistance:
requeste	
requeste	
requeste	
requeste	

Number of people who will benefit from this project:									
Is this an annual event or a one -time event?									
Date assistance required by:									
All requests for assistance must be accompanied by this completed form. You will be notified within 60 days as to whether your request has been approved or not approved.									
For Rotary Club Use Only									
Date Received Response Due By									
Date Response Sent									
Initials of Club Officer:									
Mail to: Rotary Club of Sydney – Sunrise									
PO Box 231									
Sydney, NS									
B1P 6H1									