



ROTARY CLUB OF MORRISTOWN

SPONSORSHIP APPLICATION

REQUESTS NOT EXCEEDING \$500

NAME OF THE ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

WEBSITE: _____

DATE OF THE EVENT: _____

AMOUNT REQUESTED: _____

WHAT IS THE NAME OF THE ROTARY ORGANIZATION IN YOUR COMMUNITY?

HAVE YOU RECEIVED A SPONSORSHIP DONATION OR A GRANT AWARD FROM THE ROTARY CLUB OF MORRISTOWN? IF YES, WHEN:

DESCRIBE THE EVENT:

(Description of event continued)

DESCRIBE HOW THE ROTARY CLUB OF MORRISTOWN'S SUPPORT WOULD BE PUBLICIZED:
