



Ballincollig Credit Union Ltd.



Sponsorship Application Form

Event Name / Organisation:	Date of Application:
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Purpose of Sponsorship:

Organisation Type:

Contact Name:	Contact No / E-mail / Mob
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Address:

Level of Sponsorship

Amount Requested € _____

Estimated Event Budget € _____ (if applicable)

Duration of Sponsorship _____

Have you received sponsorship from Ballincollig Credit Union Ltd, previously?

If yes, please give details of sponsorship (dates, duration, purpose, and amount)

List other potential sponsors (if applicable)

Date(s) of Event: _____ / _____ / _____ to _____ / _____ / _____

Length of Event(s): _____ days / months / years

Event Location: _____

Target Audience: _____

Estimated Attendance: _____

Describe in detail how Ballincollig Credit Union Ltd will be recognised as a sponsor?

Explain how the sponsorship will benefit the membership of Ballincollig Credit Union Ltd?

Please send completed application forms and additional documentation to:

Chairperson
Marketing Committee
Ballincollig Credit Union Ltd.
Harrington Street
Ballincollig
Co. Cork

OFFICE USE ONLY

Organisation				
Date processed by Marketing Committee				
Amount of Sponsorship Requested				
Sponsorship	Aproved		Refused	
Proposed By				
Date Cheque Issued			Cheque No	
Person to whom the the cheque was sent				
Covering Letter Sent	YES		No	
Receipt Requested	YES		No	
Receipt Received	YES		No	
Notes / Comments				