



Sponsorship Application Form

Name of Event: _____

Contact Person: _____

Date/s of Event: ____ / ____ / ____ to ____ / ____ / ____

Contact Number/s: _____

Email Contact: _____@_____

Postal Address: _____ Postcode: _____

Nearest Trust Venue to your event: _____

Sponsorship Value Requested: \$ _____ **Gift Vouchers, Cash or Services**
(delete one of the above)

Details about your event:

In return for the Trust's approved sponsorship, will we be offered any of the following opportunities?

- Advertising
- The sale/supply of liquor products, goods and/or services
- Naming Rights

Please detail below:

Please Email this form to: mail@clt-trust.co.nz