



**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**  
(select one of the above)

Details about your event:

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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:

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**Please Email this form to: [mail@clt-trust.co.nz](mailto:mail@clt-trust.co.nz)**