



DOWNLOADABLE SPONSORSHIP APPLICATION FORM

Name of Event: _____

Group making Application: _____

Location/Venue of event: _____

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

Contact Person: _____

Contact Number/s: _____

Email Contact: _____ @ _____

Postal Address: _____ Postcode: _____

Sponsorship Value Requested: \$ _____ Gift Vouchers, Cash or Services
(Select 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 see details below:

**Please Email this form to: sponsorship@clt-trust.co.nz
or deliver to CLT Head Office, 38 Clyde St, Balclutha 9230**