



Coffs Harbour Produce
 26 June St
 Coffs Harbour NSW 2450
 Ph 66522599

Email your application to - marketing@coffsharbourproduce.com.au

Application Form for Sponsorship

Organisation Name:	
Address:	
Postal Address:	
Contact Person:	
Contact Email Address:	
How many members in your Club/Organisation?	

What sort of products would you like for your Organisation?

Does your Organisation have a newsletter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, is it	Printed <input type="checkbox"/> Digital <input type="checkbox"/> Both <input type="checkbox"/>
Does your Organisation Newsletter recognize sponsors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so how?	

Does your Organisation have a website?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, do you promote Sponsors on your website?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organisation provide links to Sponsors on your website?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would your organisation provide Coffs Harbour Produce with its membership list with Names, and Email addresses, if approved by the member?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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How would your Organisation help support Coffs Harbour Produce?

If you were to be awarded a sponsorship, would Coffs Harbour Produce be an exclusive Sponsor of Rural or Gardening Supplies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, who else would be Sponsoring your Organisation?	

If your Organisation were to be awarded a Sponsorship do you agree that all proofs of marketing/sponsorship where the Coffs Harbour Produce Name/Logo is mentioned to be reviewed by our Team, PRIOR to publication/distribution?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Sponsorship is awarded, do you agree that Coffs Harbour Produce can use images you have supplied for marketing purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Authorised by:-

By authorising this Application, you declare that the information in this application is accurate, in addition, that the signing party is authorised by the Organisation to do so on behalf of

_____ (name of Organisation).

Print Name : _____

Title: _____

Signed: _____

Date: _____