Sponsorship Application Form



Please complete this form and submit to: Connections and Communities Leader, Ballance Agri-Nutrients, Private Bag 12503, Tauranga, or email to amy.meade@ballance.co.nz.

CONTACT DETAILS		
CONTACT PERSON:	PHONE NUMBER(S):	
ORGANISATION NAME:		
POSTAL ADDRESS:		
EMAIL:	WEBSITE:	
EVENT / SPONSORSHIP DETAILS		
EVENT NAME:	EVENT DATE:	
LOCATION OF EVENT:		
PLEASE CLEARLY DETAIL THE ACTIVITY OUR FUNDING WOULD BE SUPPORTING		
WHICH AUDIENCE IS BEING TARGETED?	HOW MANY ATTENDEES ARE EXPECTED?	
WHAT IS THE DELEGATE REGISTRATION FEE PER PERSON?		
WHO ARE YOUR CONFIRMED SPONSORS?		
FINANCIAL / PRODUCT		
HOW MUCH FUNDING ARE YOU SEEKING (Monetary or product)?		
HOW WILL THIS MONEY BE USED?		
HOW WILL THE SUCCESS OF THE SPONSORSHIP BE MEASURED AND REPORTED BACK TO BALLANCE?		
WHAT IS OUR EXPECTED RETURN ON INVESTMENT?		
WHAT IS COTTEXT ECTED HETCHING IN INVESTIGENT:		
MEDIA		
WHICH MEDIA CHANNELS AND PARTNERS HAVE BEEN CONFIRMED? (Newspaper, radio, tv, direct mail)		

WHAT MEDIA COVERAGE WILL BALLANCE RECEIVE?	
WHAT ADVERTISING IS SCHEDULED?	
ORGANISATIONAL OVERVIEW	
WHEN WAS YOUR ORGANISATION ESTABLISHED?	
WHO ARE YOUR KEY STAKEHOLDERS AND / OR MEMBERS:	
WHAT ARE THE ORGANISATION'S LONG TERM GOALS?	
WHAT ARE THE ORGANISATION'S VALUES?	
BALLANCE INVOLVEMENT	
HOW CAN BALLANCE STAFF BE INVOLVED?	
HOW IS YOUR ORGANISATION ALIGNED TO BALLANCE?	
ANY OTHER INFORMATION?	
our intention.	v the application and will be in contact within two weeks with an indication of
JUNE - MAY. Final confirmation will be advised in February.	ERATION OF SPONSORSHIP IN THE SUBSEQUENT FINANCIAL YEAR
Thank you for considering Ballance as a sponsor. DATE OF APPLICATION:	DATE RECEIVED: (office only)
DATE OF ALT EIGHTION.	DATE HEOLIVED. (Office offly)
OFFICE USE ONLY	
APPROVED BY: BUDGET: COST CODES:	DATE