Sponsorship Application



Personal/Organisational Information		
What is the applicant's name?		
Event Information		
What is the name of the event you are seeking sponsorship for?		
What is the purpose of your event?		
Event Date		
How many people are coming to the event/activity?		
Funding Information		
Amount requesting: (Please include an itemised budget)		
What is the main purpose of the sponsorship funding?		
Provide a breakdown of how the sponsorship funds will be used.		
How will you represent Rangitāne?		
Give a brief description of how you expect to represent Rangitāne?		
How will the project benefit Rangitāne?		
How will you acknowledge Rangitāne if you are successful? eg: banners on site		

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Checklist	Dlease use	this checklist a	nd enclose	the following	information	with your	annlication
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Completed application form	YES / NO	
I have enclosed a budget (full break-down of costs)	YES / NO	
I have provided a copy on the associates letterhead that confirms I have been selected to participate as an individual in a regional, national or international event	YES / NO	
I have enclosed copies of material that will be used to promote this event/activity	YES / NO	

Declaration

Applicants Name	
Membership Number	Date
DOB	Age
Postal Address	
Email Address	
Phone Number	
Bank Account No (attach p	roof of bank account number)

Submitting Application

Post to: Deliver to:

Te Rūnanga a Rangitāne o Wairau Te Rūnanga a Rangitāne o Wairau

PO Box 883 Rangitāne House, Level 5 BLENHEIM 7240 2 Main Street, BLENHEIM

Email to: admin@rangitane.org.nz 03 578 9321

All Enquiries Phone 03 578 6180

Sponsorship Application Timeframe

- Your application is received at the office processed through inwards correspondence.
- > The information is entered into a sponsorship application template and filtered using the criteria.
- A recommendation is submitted to the Pūtea Tautoko kete for approval.
- A letter is sent back to the applicant with the outcome.
- All payments are made on the 20th of the month prior to the event where possible.

Office Use Only

Date Received:	Eligible/Not Eligible:	Recommendation:

Officer: