

ATTACHMENT A

**Sponsorship Application**

Medicine Hat College receives many requests for sponsorship support. To assist in evaluating your proposal, please complete this application form. If there is anything further you would like to add, please attach it to this form. Thank you for your interest.

Name of group or individual seeking sponsorship \_\_\_\_\_

Please indicate which campus you are making the request to:

Medicine Hat   
Brooks

Type of support requested:

- Branded clothing/items
- Access to facilities
- Other

Date of event \_\_\_\_\_

Brief description of the organization \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the community benefit from this opportunity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the college's support enhance the event? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Medicine Hat College provided support in the past? \_\_\_\_\_

How to you propose noting the college's support? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there other details that you would like us to consider? Please attach details.

**Contact Name** \_\_\_\_\_

**Postal Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

Submit your completed application to [mkeller@mhc.ab.ca](mailto:mkeller@mhc.ab.ca) or fax 403 504 3672