

REQUEST FOR SPONSORSHIP



27 Flint Street
PO Box 224
WYALKATCHEM WA 6485

(08) 9681 1166

general@wyalkatchem.wa.gov.au
www.wyalkatchem.wa.gov.au

Office Hours
8:00am – 4:30pm
Monday to Friday

Section A: APPLICANTS DETAILS

Name of Organisation:					
Postal Address					
Contact Person:					
Email: (will be used for funding remittance)					
Phone:		(b/h)			(Mobile)
Is your organisation Registered for GST?	YES	NO	ABN:		
Is your organisation Incorporated?	YES	NO	Incorporation No.		
Do you have public liability Insurance?	YES	NO			

Section B: EVENT SUMMARY

Type of Event:	
Name of Event:	
Event Location / Venue:	
Event Date/s:	
Event Objectives / Description	
Amount Requested:	\$

Section C: Declaration

I hereby declare that the information supplied on behalf of the named organisation is correct. I consent to the Shire of Wyalkatchem collecting the personal contact details provided above. We acknowledge your right to have access to our personal information, in accordance with the Privacy Act 2000.

I also declare that I have read the Shire of Wyalkatchem Community Strengthening Grant and sponsorship guidelines and agree to comply with the provisions included.

Signature			
Name:		Date:	
Position*:	*Must be an executive committee member		
Bank Account:			
	BSB Number	Account Number	
Account Name:			

Office Use Only							
Date Received:		Records Ref:		File Ref:			
Authorised Officer under the instrument of Delegation number 1.2.18							
<input type="checkbox"/> Approved	Approved \$	<input type="checkbox"/> Declined	Reason:				
Applicant Notified	<input type="checkbox"/> YES	Date:		Records Ref:		File Ref:	

Stamp of Authorised Officer

Signature

Date