



Supreme Equine Feeds Limited Equine Update Sponsorship Programme

Please forward this completed application form to:
PO Box 5043, Tinwald 7741 or email to: marketing@supremeequine.co.nz

SECTION 1 – APPLICATION CONTACT DETAILS

Contact Person _____

Postal Address _____

_____ Post Code _____

Phone Number (____) _____ Cell Number (____) _____

Email _____

Website _____

SECTION 2 – APPLICANT TYPE

This sponsorship is being applied for on behalf of:

An individual *Persons name* _____

A team of _____ (#'s) *Team name* _____

A non-profit organisation *Organisation name* _____

SECTION 3 – SPONSORSHIP OPTIONS (please indicate which type of sponsorship you are seeking)

Cash contribution / Donation *Amount sought* \$ _____

Print media advertisement placement *Approx. cost* \$ _____

Signage / Banners *Approx. cost* \$ _____

Branded clothing, uniforms or gear *Approx. cost* \$ _____

Supreme Equine Feeds product *Approx. amount* _____ Kgs

Event sponsorship *(complete section 4 below)*

Display / Exhibit space

Volunteers

Are you seeking sponsorship from other sources? Yes No

If yes, please provide details of other sponsors and sponsorship being applied for:

1. _____
2. _____
3. _____
4. _____

SECTION 4 – EVENT DETAILS (if requesting event sponsorship)

Event name _____

Event date and duration ____/____/____ to ____/____/____ : _____ am/pm to _____ am/pm

Event location _____

Event type and purpose _____

Number of years this event has previously been held _____ Estimated attendance numbers _____

Have we supported this event in the past? Yes No If yes, when _____

Please provide a brief (but specific) description of this event, it's history, and why you believe Supreme Equine Feeds Limited would be an ideal sponsor:

What benefits are available for sponsors?

- Inclusion in printed material / programmes*
- Display or exhibit space at event*
- Signage or banners at event*
- Complimentary entry passes or parking passes*
- On-site product sales*
- Website / Newsletter / Media recognition*
- Access to mailing lists or membership database*

For office use only:	
Date Received	____/____/20____
Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant contacted	____/____/20____
Assessed by	_____

I/we declare that the information contained above is accurate to the best of my/our knowledge. I/we also agree that the terms of any agreed sponsorship with Supreme Equine Feeds Limited are strictly confidential and that any sponsorship provided is on the strict understanding that details will not be disclosed to third parties, and that goods or product supplied will not be on-sold to third parties for financial gain. Supreme Equine Feeds Limited retain the right to cancel all sponsorship and seek reimbursement of sponsorship funding provided, or retrieve product or branded items supplied, should this agreement be breached.

Signature _____ **Date** ____/____/20____

Name _____ **Position** _____