SPONSORSHIP

BOOKING FORM



Contact Name			a de da da da	
Position		Organisation		
ABN				
Postal Address				
State	Country		Postcoo	le
Phone		Mobile		
Fmail				

APPLICATION

Please tick preferred opportunity (all prices exclusive of GST)

	Price
SPONSORED NIG	HT (All dates fall on a Wednesday)
April 27th	\$6,000
May 4th	\$6,000
May 11th	\$6,000
May 18th	\$6,000
May 25th	\$6,000
June 1st	\$6,000
June 8th	\$6,000
June 15th	\$6,000
June 22	\$6,000
June 29th	\$6,000
July 6th	\$6,000

PAYMENT SUMMARY

(The	balance of payment is due one week prior to	sponsored night)	
	SPONSORSHIP TOTAL: AMOUNT		
	TO BE INVOICED:		
	S AND CONDITIONS		
	JBMITTING THIS APPLICATION FORM, YOU (AND A YOU REPRESENT) AGREE TO THE FOLLOWING C		
• T	HE SPONSORSHIP TERMS AND CONDITIONS TO I	BE VIEWED AT THE LINK <u>HERE</u>	
	SE SIGN AND DATE HERE TO SIGNIFY THAT YOU I IS AND CONDITIONS:	HAVE READ AND AGREE TO THE APPLICA	BLE
	I AGREE ON MY OWN BEHALF, AND ON BE ASSOCIATION, OR OTHER ENTITY THAT I ALL "RELEVANT PERSONS" AS DEFINED I	REPRESENT, AND ON BEHALF OF	
	☐ SPONSORSHIP TERMS AND CONDI	TIONS*	
	Signature of applicant	 Date	
	orginator or approant		

PLEASE SEND YOUR COMPLETED FORM TO WILL YORK

Email: will@associatedadvertising.com.au

If you have any questions please contact the sponsorship organiser on +61 8 8942 3388