



Charity & Sponsorship Request Form

Organization Name_____

Contact Name_____

Address_____

City_____ Prov_____ Postal Code_____

Phone_____ Fax_____ Email_____

Non-Profit Organization Yes_____ No_____

Event Name_____

Event Date_____

Event Location_____

Event Time_____

Event Address_____

Contact Name_____

What is the purpose of this event?

What activities are planned for this event?

Is this an annual event? Yes _____ No _____

What are the value of the tickets? \$ _____

Please list the item(s) you require for your event

Quantity	Item Description

Do you require Elegant Touches to deliver and/or pick up? Yes _____ No _____

Please describe how advertising mediums will be used to recognize Elegant Touches as a sponsor

OFFICE USE ONLY

Total amount of rentals _____

Total value of sponsorship _____

Authorization approval _____