

# 2023 CITY OF RISING SUN SPONSORSHIP APPLICATION

(To be completed by the applicant and returned by February 17, 2023)

Name of Group/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Approx. date established \_\_\_\_\_ # of participants \_\_\_\_\_

President/Coach/Head \_\_\_\_\_ Phone \_\_\_\_\_

President/Coach/Head email \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Contact email \_\_\_\_\_

EVENT TYPE: FUNDRAISING \_\_\_\_\_ or YOUTH SPORTS/EVENTS \_\_\_\_\_

IF FUNDRAISING, WHAT WILL THE PROCEEDS SUPPORT (SCHOLARSHIP, TRIP, PROGRAM, ETC.) \_\_\_\_\_

IF EVENT OR YOUTH SPORTS, WHAT WILL THE SPONSORSHIP PROVIDE \_\_\_\_\_

NAME OF EVENT OR TEAM \_\_\_\_\_

DATE EVENT WILL TAKE PLACE (Approx. is fine) \_\_\_\_\_

**Amount Requested** \_\_\_\_\_ **Total Budget** \_\_\_\_\_

Were you funded by City in 2022 \_\_\_\_\_ NO \_\_\_\_\_ YES **\*\*If YES**, amount funded in 2022 \_\_\_\_\_

How will your sponsors be acknowledged? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other areas monetary support will be sought; please list other organizations you will approach: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF YOU HAVE A 2023 EVENT FLYER/FORM AVAILABLE NOW, OR A FORM FROM LAST YEAR, PLEASE ATTACH.**

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#### ENDORSEMENT

To the best of my knowledge and belief, the statements in this application are true and correct; the application has been authorized by the governing body of the applicant. The City of Rising Sun assumes no responsibility in the event of any harm to property and/or bodily injury that may occur during the event sponsored by the applicant organization.

*The contact for the funding request for each application acknowledges and agrees that, due to the COVID-19 pandemic, approval of COVID 19 mitigation protocols from the Ohio County Health Department may be required prior to the start of any event. The contact on the application is required to determine if this approval is required and, if so required, obtain the approval from the Ohio County Health Department. If this approval is not sought, or is sought but is not obtained, the City of Rising Sun reserves the right to withhold funding for the sponsorship application.*

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(Required) Signature of President/Coach/Head of Organization

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Date

**Please Email To:**

**sponsorships@cityofrisingsun.com**

**Please note to whom checks are to be made and address. Without this information, no checks can be cut.**

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