

Please check the appropriate box.

DONATION F9EI 9GH Please fill out sections 1 to 7

SPONSORSHIP F9EI 9GH Please fill out sections 1 to 5 and 7.

Section 1 – Organization identification

Name of the organization :	
Address 1 :	
Address 2 :	
City :	Country :
Province :	Postal Code :
Phone : ()	Fax : ()
Email address :	Web-Site :

Section 2 – Contact

Name of contact :	
Title :	
Phone : ()	Fax: ()
Email address :	

Section 3 – Event, activity or project identification

What is the event, project or activity :		
Years of existence of the event, project or activity :		
Location of the event, project or activity :		
Date and duration of the event, project or activity (beginning and end) :		
Number of spectators or participants that normally attend the event, project or activity :		
Is there a SHER-WOOD representative involved in your organization?	Yes	No
If so, please indicate his name :		

Section 4 – Financing

What type of contribution are you looking for? (Publicity, equipment, promotional material, etc) Please be precise :		
Has SHER-WOOD contributed before for the event, project or activity?	Yes	No
If so, please elaborate :		

Section 5 – Profile of the organization

Is your organization a client of SHER-WOOD?	Yes	No
What is the geographical scope of your organization? (Check the most appropriate)		
Country State Regional Local		
Please specify (country, state, town, etc.) :		

Does your event, project or activity target a segment in particular? Yes No If so, please elaborate:
Why SHER-WOOD should sponsor your event, project or activity?

Section 6 – Additional information for a donation request

Is your organization a non-profit organization? Yes No If so, do you have a right to give tax receipts?
Describe briefly the mission of you organization :
Is your organization affiliated with another organization? Yes No If so, please indicate the name of that organization :
Does your organization has an audited financial statement available? Yes No If so, please provide it on demand.
Does your event, project or activity have a public recognition plan? Yes No If so, please join it to your request.

Section 7 – Additional information

Determine by percentage, all the target groups touched by your event, project or activity : From 6 to 18 years old % From 19 to 24 years old % From 25 to 34 years old % From 35 to 64 years old % 65 years old and older %
Does your event, project or activity include a visibility plan or a media plan? Yes No If so, please join it to your request.
What is the money value of the visibility plan you're proposing?
Do you make this request every year? Yes No
Does an agreement for more than one year something you would considerate? Yes No

If you possess documents which describe in details you organization, you can provide them with this form. Do not join documents or videos that are too big. If needed, we will cobhUWhyou.

Please, send your request to the address below:

By Email: marketing@sher-wood.ca

Or

By Mail: Sher-Wood Hockey Inc.
2745, rue de la Sherwood
Sherbrooke (Québec), J1K 1E1
ATT : Marketing Department