

Sponsorship Application

The Outback Pharmacy Group receives many requests for sponsorship support. To assist in evaluating your proposal, please complete this application form. If there is anything further you would like to add, please attach it to this form. Thank you for your interest in Outback Pharmacies.

Sponsorship Information

Name of Applicant:	
Organisation/Team Name:	
ABN (If applicable):	
Contact Details	
Phone	
Mobile	
Email	
Address	
Date of Application	

1. Describe the event/initiative for which you are seeking funding (please include date(s) and location(s)).

2. What is the objective of the event/initiative?

3. How many people will you reach through this event/initiative? And who is your target audience?

4. What support are you seeking from the Outback Pharmacy Group (eg financial, product, expertise)?

5. What is the duration of this opportunity?

6. Describe the benefits the Outback Pharmacy Group would receive (eg. naming rights, branding, publicity, exposure to target audience/key opinion leaders, advertising space, corporate hospitality etc).

7. Which other companies or organisations will participate or sponsor this event/initiative? And in what capacity?

8. Do you have a relationship with the Outback Pharmacy Group eg Are you a current partner or currently conduct business with us?

9. Do you have links to any Outback Pharmacy Group employees?

10. Does you event hold insurance? Yes/No

11. If there are any other details you wish to communicate please use this space.

Declaration

In making this application for sponsorship to the Outback Pharmacy Group I agree, as or on behalf of the applicant, that if the application is successful the funds requested would be used only for the purpose described and if the funds are not so used they will be returned immediately to the Outback Pharmacy Group. I further agree that, as or on behalf of the applicant, I accept responsibility for ensuring that the recognition elements forming part of this agreement are achieved.

DATE: _____ **SIGNED:** _____

FULL NAME: (Please print)

Please submit to the Outback Pharmacy Group via the following methods:

Sponsorship Officer
 Outback Pharmacy Group
 323 Argent Street
 Broken Hill NSW 2880

We will respond to each application submitted.

Office Use Only	
Date received	
Outcome	
Value	
Date funds/products to be released	