

# SPONSORSHIP

## APPLICATION FORM

(for code: U21) v092020

Yilli Rreung Housing Aboriginal Corporation

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*This form is used to apply for sponsorship, such as sport competitions, events, club's fundraising, etc.*

*YRHAC will only sponsor NT sportspeople representing Australia in an international sporting arena.*

FOR PERSONAL APPLICATION	FOR CLUB/ ORGANISATION APPLICATION
Title : Mrs / Ms / Miss / Mr / Dr / Other	Organisation Name:
Name :	ABN :
Date of birth :	Address :
Address :	Aboriginal or Torres Strait Islander Organisation:
Phone :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email :	
Aboriginal or Torres Strait Islander : <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CONTACT PERSON</b>
<b>PARENTS' DETAILS</b> (for applicants below 18 years old)	Name :
Name :	Position :
Relationship :	Phone :
Phone :	Email :

### SPONSORSHIP REQUESTS (PLEASE ATTACH SUPPORTING DOCUMENTS):

Purpose :

Event's name :

Date :

Location:

Total (estimated) expenses : \$

Requested sponsorship :

Is there any opportunity for Yilli Housing to display its brand for the event?

No  Yes (please explain)

### By submitting this form I (the Club/ Organisation):

1. declare that all the above information furnished is true to the best of my knowledge.
2. In the event that I received the sponsorship, I will only use the monies and other forms of sponsorships supplied for the purpose stated above.
3. agree to hold only myself (and my organisation) accountable, to display good sportsmanship and/or maintain legal and ethical practices.
4. give the right to Yilli Housing to publish my images in relation to this sponsorship for promotion material, public relation and other purposes.
5. agree to hold harmless the Yilli Housing from liability, claims, and damages as a result of this sponsorship.
6. acknowledge that in the event of a breach of this agreement Yilli Housing may withdraw any sponsorship it has given me.
7. I (or Parents or Contact Person) have read, understand and agree to the terms outlined above.

Signature of Applicant (or Parents or Contact Person):

Name :

Date :