

Augusta Regional Airport Sponsorship & Materials Request Form

Contact Information

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____

Organizations' Information

Organization Name: _____ Organization Primary Contact: _____

Organization Website: _____ Organization Contact Number: _____

Type of Organization: _____

Organization's Mission: _____

Event Information

Event Name: _____ Event Date: _____

Event Location: _____

Number of participants anticipated to attend: _____

Level of Sponsorship Amount Requested: _____

Requested Materials:

Children's Materials Pencils/ Pens Luggage Tags Pamphlets Other: _____

Requested Quantity: _____

How will the support of Augusta Regional Airport aid in your organization's mission?

What promotional exposure will AGS receive from this sponsorship:

**** In addition to this application please submit a one page document detailing the event as well as what is expected from of AGS' staff or management; level of , branding opportunities for AGS, the opportunity to foster long-term business and/or community relationships and/or the promotion of air travel.****

AIRPORT USE ONLY:

Organization's Legal Name: _____

Organization Address: _____

Organization Primary Contact: _____

Primary Contact Phone Number: _____

Organization's' Tax ID: _____ **Total of Approved Funds:** _____

Fiscal Year of Funds Spent: _____ **Department Budget Number:** _____

State how this sponsorship aligns with AGS objectives:

Marketing Committee Chairperson

Date: