Special Event Sponsorship
Request Form
County Manager's Office
123 W. Indiana Avenue, Room 301
DeLand, FL 32720

FORM MUST BE RECEIVED 60 DAYS PRIOR TO THE EVENT
PLEASE READ THE SPECIAL EVENT SPONSORSHIP POLICY PRIOR TO FILLING OUT THE FORM

Organization Information

Organization Name: _____

Contact Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Is this Organization a 501(c) 3or 501(c) 4 ☐ Yes ☐ No Tax-ID #_____

Please provide a copy of your W-9 Form (See Attached)

Sponsorship Request Amount

Requested Amount $ _____ Date of Event: _____

Event Location
Address, City, State & Zip: _____

Please provide a copy of your Event Flyer if available.

Description of Event/Purpose

_____

_____

_____

_____

Community Benefit

_____

_____

_____

_____

_____

_____

Signature of Non-Profit Organization **Date**

_____ _____