MARKETING SPONSORSHIP APPLICATION

Business Name: _____

Contact Person: _____

Address: _____

Phone: _____ **Email:** _____

Proposed Date and time: _____

Sponsorship Level: _____

Sponsorship Amount: _____

Please attach a detailed description of your sponsorship request. Indicate Coliseum Central's proposed involvement (partnership type/participation requirements/financial support/etc.) and how you believe inclusion in this endeavor will support the overall mission of the BID. Please include any available and appropriate metrics (ROI, attendance, reach, etc) and describe marketing efforts that will raise awareness of the event. If applicable, please include any collateral materials you may have.

I certify that the included information is correct to the best of my knowledge and that the requested funds will be used only for the purposes described in this application.

_____ _____

Applicant Name **Date**

_____

Title

To be Completed by Coliseum Central Staff:

_____ _____

Received by **Date Received**

All applications must be completed and submitted to Coliseum Central Business Improvement District at least 60 days before the event. Applications must be submitted via email. Please contact Eboni Council at 757-826-6351 if you have any questions.

2101 Executive Drive, Suite 550, Hampton, VA 23666
Phone: 757-826-6351 FAX: 757-826-2784
coliseumcentral.com