



## SPONSORSHIP/DONATION APPLICATION FORM

1. Name of Unit or individual: \_\_\_\_\_

2. Address: \_\_\_\_\_

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3. Contact Name: \_\_\_\_\_

Appointment: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

4. What kind of Sponsorship do you seek? (Include monetary amount and/or other assistance required)

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5. When is it needed by? \_\_\_\_\_ (date)

6. How will DEFLOG gain publicity from this partnership?

DEFLOG logo placement at event/activity

DEFLOG logo used in promotional material

DEFLOG person/people to attend event

Media Coverage (please describe)

Naming rights to event/award/activity

Other (please describe)

7. Other sponsorship gained (name organisation and amount of grant to Unit or individuals)

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8. Please outline, in no more than 1000 words, your request for sponsorship for this activity. Complete this on a separate sheet of paper. Your application should cover the following areas and questions:

a. Describe the activity for which you are seeking sponsorship.

b. Who will be taking part in the activity? Include the ranks of the participants.

c. What is the benefit to the individuals taking part?

d. How will you promote DEFLOG? Identify the positive outcomes for DEFLOG?

e. What is the impact of not receiving sponsorship?

**Participant's Declaration**

**In making this application for sponsorship to DEFLOG VQ Trust I agree, as or on behalf of the applicant, that if the application is successful the funds requested would only be used for the purpose described and if the funds are not so used they will be returned immediately to DEFLOG VQ Trust. I further agree that, as on 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: \_\_\_\_\_

**Unit Commander's Declaration**

**I support this application for DEFLOG VQ Trust sponsorship and I shall ensure the individual(s) concerned comply with the sponsorship requirements.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Appointment: \_\_\_\_\_

**Please send the completed form, together with your completed application to:**

Mr Neil Searle  
DEFLOG Foundation  
DEFLOG VQ Trust  
Waltham House  
Riverview Road  
Beverley  
East Yorkshire  
HU17 8DY

Tel: 01482 678304  
Email: [neil.searle@vqtrust.org.uk](mailto:neil.searle@vqtrust.org.uk)

**For DEFLOG Foundation use only**

Date application received:	Application approved: <b>Yes / No</b>
	Date of approval/rejection:
Date payment approved:	Date payment sent: