

Organization _____

Contact Person _____

Address _____

City/Province/Postal
Code _____

Email _____ Phone _____

Start Date of Event _____

End Date of Event _____

Event Location _____

Amount of Funds
Requested _____

Describe Event

Target Audience/Previous Attendance Records

How will the event be Marketed? (you may be asked for previous samples)



Community & Event Sponsorship Request

List any participation benefits to IBANS /members

Describe how this event fits within IBANS criteria

Has IBANS supported this event in the past Yes No
If yes, indicate year and amount

Thank you for your submission.

The contact person indicated on the form will be contacted following review of the content and approval.