

Sponsorship Application Form – Individual

Please use this form when applying for an individual sponsorship. Please email your completed form to contactus@comacon.com.au

Name of applicant:			
Date of birth:			
Address:			
Phone:			
THORE.			_
Email:			
Name of parent/guardian (if			
you are 18 years of age)			
Parent/Guardian phone:			
Parent/Guardian email:			
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What is the event or activity yo	u are seeking sponso	rship for?	
La tha a sugart an activity consuman	a a lein e an an an an hin f	for /place tiels).	
Is the event or activity you are s	seeking sponsorsnip i	or (please tick):	
☐ International	☐ National	☐ State	
Where and when is the event o	r activity being held?		



How much funding are you seeking?			
Please tell us a little bit more about why you are seeking sponsorship, what you would use the money for and how attending this event or activity will help you to achieve your goals.			
Please attach to your application, a letter or other official documentation from the body organising the activity or event to show you have been selected or personally invited to take part.			
Thank you for taking the time to complete this form.			
Once we receive your application, we will make an assessment and advise you of the outcome within one month. Please note that submitting an application does not guarantee funding.			
If you have any questions, please call us on 1300 736 820 or email contactus@comacon.com.au			