



## Sponsorship Request Form

Cody Regional Health is dedicated to support and fund initiatives that strengthen our communities' health and wellbeing. Please fill out the Sponsorship Request Form below. Our committee evaluates requests on a bi-annual basis. Please ensure that you have submitted your sponsorship request at least 6 months before the date you would like to receive it.

Name of group or organization requesting sponsorship: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Program or event for sponsorship: \_\_\_\_\_

Please mark which sponsorship category does this fall under? (*Currently we do not sponsor individuals, religious & political gatherings or any other activities that are not improving our communities overall health and wellbeing.*)

- Health Sponsorship
- Charity and Community Sponsorship
- Education & Learning Sponsorship

Date of event or term of the sponsorship: \_\_\_\_\_

Financial commitment requested: \_\_\_\_\_

Address: \_\_\_\_\_

Top 3 program or event objectives:

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