

EVENT SPONSORSHIP APPLICATION

PRIMARY CONTACT INFORMATION	
First Name	Last Name
Email	Phone Number
BUSINESS/ORGANIZATION INFORMATION	
Business Name	Business Website
Business Address (including postal code)	
Business Phone Number	Business Email
EVENT INFORMATION	
Event Name	Event Date
Description of proposed event:	







EVENT SPONSORSHIP APPLICATION

WHAT SUPPORT IS NEEDED FROM THE BIA?
Please list/describe how any monetary funds provided by the BIA will be used:
Please list/describe any additional support requested from the BIA (marketing, promotion, volunteers, etc.):
How will this event benefit the businesses in Downtown Cambridge?







EVENT SPONSORSHIP APPLICATION

If your organization receives funding that financial support?	g from the Downtown	n Cambridge BIA	, how will you publicly acknowled
In order for your application to be c 1. A preliminary budget for your		attach the follo	wing:
Amount Requested	Application Date		Applicant Signature
Amount Requested	Application Date		Applicant Signature
	Application Date		Applicant Signature
	Application Date		Applicant Signature
\$	Application Date		Applicant Signature
	Application Date		Applicant Signature
\$	Application Date	Date	Applicant Signature
\$ ADMIN USE ONLY	Application Date	Date	Applicant Signature
\$ ADMIN USE ONLY Amount Granted			Applicant Signature



