

Date Received _____

Approved _____



Sponsorship Application

Non-profit / Organization: _____

Official name of event: _____

Date(s) of event: Are these date confirmed? Yes ___ No ___

Location of event: Is location confirmed? Yes ___ No ___

Time of event: Is time confirmed? Yes ___ No ___

Past Event Information:

Years in Existence: _____

Last Attendance: _____

Main Contact Information:

Contact Name: _____ Title: _____

Phone Number (s): Office Cell: _____

Email: _____

Organizations website: _____

Describe event: *(please attach press release or additional info)*

List ALL sponsors (note Title or Presenting Sponsors):

1. _____

2. _____

List ALL opportunities available to KCTV5 and Take 5 Sponsor for branding (i.e. signage, booth space, print, radio, etc)

Value of branding opportunities for KCTV5 and Take 5 to Care Sponsors: \$_____

Additional information needed:

- Will KCTV5 be the “exclusive” media partner? _____ “exclusive” TV partner? _____
- Will you be seeking a KCTV5 personality to emcee? _____
- Will you be seeking an additional media sponsor (i.e. radio, print, cable, etc?) Yes or No
- List additional media partners: _____
- Do you have an advertising budget? Yes or No ____ Total Ad Budget for Event \$_____
- List all outlets/platforms in which you will be promoting your event.

Any additional information you would like KCTV5 to know about your event or organization:

*Should ANY information that’s provided on this document change, please contact KCTV5 immediately. KCTV5 Take 5 to Care sponsorships are based on this information and could be in jeopardy and even cancelled should you provide wrong information or misinformation.

*Pending approval of the application, there will be requests from KCTV5 such as outdoor space, logo inclusion, etc.

Please email application Tiffany.Romeo@kctv5.com