



100 John West Way  
Box 1000  
Aurora, ON L4G 6J1  
(905) 727-3123  
aurora.ca

TOWN OF AURORA

## **Sponsorship Request Submission Form Community Events and Programs**

Please complete the application form and email it to [communications@aurora.ca](mailto:communications@aurora.ca) or submit it to:

Manager of Corporate Communications  
Town of Aurora  
100 John West Way  
Aurora, Ontario  
L4G 6J1

**Date of Request:**

**Name of Organization:**

**Address:**

**Contact Person:**

**Telephone number:**

**Email:**

**Type of request:**

Financial Sponsorship  
Amount Requested:

In-kind Sponsorship  
Resources Requested:

**Please provide details on how the funds will be utilized:**

**What will be the economic impact to the Town of Aurora?**



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**What will be the community impact to the Town of Aurora and its residents and businesses?**

**Please specify the amount of funding you have requested or received from other organizations or governments:**

**If the sponsorship request is for an event, please provide the following information:**

**Event date:**

**Event location:**

**Event attendees:** *(Please include how many people will be attending and who the attendees will be. Please specify if the event is members-only, or restrictive in any capacity):*

**Information about your organization:** *(What services or activities does your organization provide to Aurora residents and/or businesses?)*

**Principal objectives/mandate:** *(Please describe the principal objective or mandate of your organization)*

**Provide any additional information you consider relevant:**

**How will your organization acknowledge Town sponsorship?**



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**Sponsorship Request Submission Form**  
**Community Events and Programs**

**TO BE COMPLETED BY TOWN OF AURORA STAFF:**

	FULL NAME	SIGNATURE	DATE
<b>REQUESTED BY:</b>			
<b>CORPORATE COMMUNICATIONS MANAGER:</b>			
<b>CAO:</b>			

**APPLICATION FOR ONE-TIME FUNDING**  
**AURORA CARES COMMUNITY ACTION TEAM**

NOTE: please print. If you need help filling this in, please call Betty DeBartolo at 905 726-4741

Is this request being submitted through an agency? NO YES

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Your telephone number: \_\_\_\_\_

Your request (include what the money is for, how much you are asking for, where else you have asked for help, what other emergency funding you are receiving)

I confirm that all the statements contained in this Application Form are true and correct and the Town may rely on them as such.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, as amended and will be used by the Town to process your request for financial support. Questions about the collection of this personal information should be directed to Betty DeBartolo at [bdebartolo@aurora.ca](mailto:bdebartolo@aurora.ca) or at (905) 726-4741.