Southport Sharks Donation Request Application Form



DATE OF APPLICATION	/		
Organisation Name			
Charity Registration Numb	oer		
Address			
Suburb	State	PCode	e
Email		Phone	
Is your event being held	at the Southport Shar	ks? YES/NO. If no	t where will it be held?
Please provide a brief his	tory of your organisa	tion and who ben	efits from it.
Provide a brief description percentage raised goes to benef	iciaries)		ou are aiming to raise & what
Date of your event:/. Outline how many people	/e will be attending and	d what demograp	
How will the event be pro	omoted? (Include estimate	ed reach for each pron	
How can the Southport S	harks help your orgar		
What exposure and bene	fits will the Southport	Sharks receive ir	n return?