



Lake Chelan Chamber of Commerce Sponsorship and Funding Request Form

Event:

Event Date(s):

Organization:

Contact Name:

Address:

City/State Zip:

Phone:

Email:

Organization Tax Status: For Profit Non-Profit 501 (c) 3

Event Description:

Event Location:

Event History:

Event Budget:

Revenue (All Sources)

Expenses (By Category)

Operations

Marketing/Advertising

Other

Marketing Plan:

Other Sponsors:

Chamber Request: (we are asking the Chamber for the following support)

Deadline for funding requests November 14, 2008

Lake Chelan Chamber of Commerce

P.O. Box 216

Chelan, WA 98816

Fax: (509) 682-3538