



MARKETING SPONSORSHIP APPLICATION

Business Name: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Proposed Date and/or Time Period: _____

Sponsorship Level: _____

Please attach a detailed description of your sponsorship request. Indicate Coliseum Central's proposed involvement (partnership type/participation requirements/financial support/etc.) and how you believe inclusion in this endeavor will support the overall mission of the BID. Please include any available and appropriate metrics (ROI, attendance, reach, etc) and describe marketing efforts that will be done to raise awareness of your endeavor. If applicable, please include any collateral materials you may have.

I certify that the included information is correct to the best of my knowledge and that the requested funds will be used only for the purposes described in this application.

Applicant Name Date

Title

To be Completed by Coliseum Central Staff:

Received by Date Received

All applications must be completed and submitted to Coliseum Central Business Improvement District no later than 60 days prior to the month which the Marketing Committee is to review. Applications can be submitted via fax, email or hand delivered. Please contact Raymond Tripp at 757-826-6351 if you have any questions.

4410 E. CLAIBORNE SQUARE
SUITE 211
HAMPTON, VA 23666
(P) 757-826-6351 (F) 757-826-2784