

## SPONSORSHIP & DONATION APPLICATION FORM

Application Date:	
Name of Organisation, Group or Individual:	
Postal Address:	
Website	
Contact Person:	
Phone Number:	
Email:	
Which Nucrush Group Site are you located near? (refer to website for further information)	Oxenford <input type="checkbox"/> Carrara <input type="checkbox"/> Yatala <input type="checkbox"/> Southport <input type="checkbox"/> Logan <input type="checkbox"/> Ballina <input type="checkbox"/> Currumbin <input type="checkbox"/> Chinderah <input type="checkbox"/>

Have you or your organisation previously received funding or support from the Nucrush Group or the Nucrush Good Neighbour Programme Fund? (if yes please describe the previous assistance such as years, amounts etc.)	YES/ NO

Please provide a brief overview of the assistance you or your organisation seeks. Attach information relating to the event, group or initiative (if required)

Which category does your or your organisations request fall into?	
School:	Sporting Group:
Award:	Environment:
Festival:	Other:

How will the Nucrush Group be recognised for any funding/ support or products that it provides to you or your organisation?

Do you or your organisation know or have a connection with a Nucrush/Nucon employee or contractor?	YES/NO
If yes, Please advise who	

How much funding do you or your organisation seek?	\$
How much product do you or your organisation seek?	

Is this an urgent request?	YES/NO
Deadline for decision:	

Please note requests are reviewed fortnightly, please allow enough time for us to consider your application.

Completed applications are to be returned with any accompanying documents to:

Community Relations Coordinator  
 Nucrush Group Pty Ltd  
 PO BOX 179  
 Oxenford QLD 4210

Office Use Only:

Outcome	YES	NO
Amount	\$	Product:
Applicant advised by:		Date:
Other:		

NOTES: