

Enter **your information** for organization and/or requestor below. Fields in **bold** are required.

**CONTACT INFORMATION FOR ORGANIZATION AND/OR REQUESTOR:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax: \_\_\_\_\_

**SPONSORSHIP TYPE:**

Local/Community

Regional/National

**DETAILED HEALTHY WAY OF LIFE CONNECTION AND RELATED ELEMENTS:**

**OVERVIEW OF REQUEST:**

Date and location (proximity to a Life Time Athletic center) of upcoming event or description of program:

Key deadlines:

Available sponsorship opportunities:

Scope of event/program (numbers of participants, volunteers, spectators, members, sponsors, consumer impressions, etc.):

Sponsor benefits:

How event/program will be promoted:

**FOR INTERNAL USE ONLY:**

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_