



SPONSORSHIP INFORMATION FORM

Business Name _____

Trading Name _____

ABN _____ Registered GST - Yes No

Date Contacted _____

Date Contacted _____

Date Contacted _____

Contact Name _____

Primary Contact _____

Phone _____ Mobile _____

Business Industry/Products _____

Confirm primary contact and who Tax Invoice will be addressed to - _____

Sponsors Accounts Email

Sponsors Email

Address _____

Sponsorship Package

Sponosroship Package Terms _____

Note \$Amount if quoted a price \$

Price Including GST	YES	NO
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SURLFCINC Committee Member
(name & signature) _____
