



ORGANIZATION DETAILS

Name of Organization:

Non-Profit ID/ 501 C#:

Contact Person:

Phone:

Email:

Address:

City/State/Zip:

Brief Organization Purpose/Mission:

ORGANIZATION (CHECK ONE)

Non-profit (located and/or primarily serves residents within the City of Novato and/or Marin County)

Local business (located in the City of Novato)

Educational Institution

EVENT INFORMATION

Local Celebration

Cultural

Fundraiser

Other:

Athletic

Educational

Entertainment

Event Name:

Event Address:

City/State/Zip:

Expected # of Participants:

Event Dates (mm/dd/yy):

Days of Week:

Event Time (include set-up/take-down):

M  T  W  TH  F  SAT  SUN

to

Open to the Public:

Amount Requested:

Additional Needs/Requests:

YES  NO

## PROGRAM DETAILS (explain how your event meets one or more of the sponsorship criteria below)

**Boosts the local Novato economy by bringing visitors to have fun and interact with other community members:**

**Provides an opportunity to help build community, foster a sense of pride within our community, and engage our community:**

## TYPE OF SPONSORSHIP (CHECK ONE)

- Police Services**  
(example: street closures, security)
- Public Works Support**  
(example: no parking signage, barricades)
- Parks & Recreation Support**  
(example: park/facility usage)

**Please explain all the needs of the sponsorship requested:**

## OTHER CONSIDERATIONS

I understand if the City agrees to sponsor the event, I will acknowledge the sponsorship on all printed information or advertising related to the event with the following statement "This event is sponsored in part by the City of Novato" and provide any written marketing material to the City prior to the event. Also allow the City, if it desires, to distribute information regarding City services and community programs.

Please initial \_\_\_\_\_

I understand that if the City agrees to sponsor the event, appropriate American with Disability Act accessibility will be provided.

Please initial \_\_\_\_\_

I understand that if my event requires use of a City Park/Facility, a rental application must be completed and submitted to the Parks & Recreation Dept. prior to consideration for City sponsorship.

Please initial \_\_\_\_\_

I understand that if my event requires Police Services or Public Work Support, that additional applications maybe be required to be submitted.

Please initial \_\_\_\_\_

I understand that if my event requires insurance, I will provide it at my own cost. Please initial \_\_\_\_\_

I understand that sponsorship is optional and the City can deny this sponsorship application. Please initial \_\_\_\_\_

## APPLICANT SIGNATURE

\_\_\_\_\_  
Signature of Applicant or Representative

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

\_\_\_\_\_  
Print Name of Applicant or Representative

Date Received: \_\_\_\_\_ By: \_\_\_\_\_