

# Sponsorship Request Form

Please fill out as much information as possible. Your request will be reviewed in a timely manner.

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

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

Title of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sponsorship Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has TCU provided a sponsorship in the past? Yes No

Previous sponsorship: \_\_\_\_\_

Additional information or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your request. TCU is dedicated to our members and our community.