

Name:	Organization:	Date of request:
Address:		Phone #:
City:	State:	Zip Code:
e-mail:		

Category of sponsorship requesting:

Community   
 School   
 Employee/ Inner Office   
 Doctor's Request   
 Other: \_\_\_\_\_

Name of Doctor or employee \_\_\_\_\_.

Type of sponsorship:

Team   
 Individual   
 Club/ Organization   
 Event   
 Advertisement   
 Other: \_\_\_\_\_

Amount Requesting: \$ _____	Sponsorship funds must be received by: _____/_____/_____
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Description of how sponsorship funds will be used:

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Has Richmond Bone & Joint Clinic Sponsored you/your organization in the past?  Yes  No

If Yes, what amount? \$ \_\_\_\_\_.

**Any other documents or attachments that you may have would be greatly appreciated. These documents may include, but are not limited to, résumés, levels of sponsorship, photos, letters of request, and calendars of upcoming events. Richmond Bone & Joint Clinic is fully committed to giving back to the community which we service. All applications which are submitted are taken under full consideration. Each sponsorship being requested must have its own application form filled out. RBJC is limited to the number of sponsorships it takes on each year; therefore not all applications will be approved.**

Please Sign and date below:  _____ Signature	Date	Office Use Only:	
		Application Reviewed on:	Reviewed by: