

ORGANIZATIONAL INFORMATION	
Name of Organization requesting sponsorship:	Date:
Contact name:	Contact phone no.
Contact email:	Date of event:
Has your organization received sponsorship from Skyxe in past 3 years? <input type="radio"/> Yes If yes, when and for what? _____ <input type="radio"/> No	
Is your organization listed as a not-for-profit organization? <input type="radio"/> Yes <input type="radio"/> No	
Please describe the project that you are requiring sponsorship for. Also describe how Skyxe will be recognized for its sponsorship. Attach any additional information/materials that you would like us to review (i.e. sponsorship packages).	
Please circle the criteria that best describes your project: <input type="radio"/> Promotion / development of the aviation industry <input type="radio"/> Community benefit <input type="radio"/> Education <input type="radio"/> Arts and culture	
Your organization is requesting the following: <input type="radio"/> Cash Sponsorship \$ _____ <input type="radio"/> Other (i.e. promo items, parking, venue space) _____	
Please email all Skyxe Sponsorship Request Forms to jporter@skyxe.ca	

FOR OFFICE USE ONLY	
Recommended for approval by Committee <input type="radio"/> Yes <input type="radio"/> No	Approved by Authorized Executive <input type="radio"/> Yes <input type="radio"/> No
Amounts / items approved: <input type="radio"/> Cash Sponsorship \$ _____ <input type="radio"/> Other (i.e. promo items, parking, venue space) _____	
What does Skyxe recommend for sponsorship identification from the requesting organization for this project?	
Date by and person to follow up:	