

Together We Care Team IOC Application



Site: Labrador City Sept Iles Montreal

Team Captain: _____ Badge Number: _____ Telephone #: _____

E-mail Address: _____

Team Captain signature: _____

Team IOC Members			
Name	Badge Number	Employee Name	Badge Number
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Organization Receiving Donation (if applicable)

Organization: _____

Is your organization a: registered non-profit registered charity

Please provide a description of your organization:

Donation Request

1. What is the nature of the request? *Please select all that apply.*

Cash Sports/Recreation

In-kind Fundraising

2. Please clearly state the total amount requested: \$ _____ and/or provide details for the in-kind request:

3. Please briefly describe the sponsorship request in 1-2 paragraphs. Please include the following:

- How the sponsorship will benefit the community
- How the sponsorship will provide value to IOC
- Description of the event or project
- How IOC's funds will be used

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4. a) What category best describes the nature of the event or project for which you are seeking sponsorship *(please select all that apply)*:

- Health & Wellness
- Safety & Environment
- Innovation & Technology
- Inclusion & Diversity
- Education

b) For *each* priority area selected, please briefly describe how your project supports this category.

5. Please indicate how the IOC logo/signage will be used *(please select all that apply)*:

- Promotional material Merchandise Signage at the event
 Other _____

6. Please indicate the processes your organization will use to measure the success of the event:

7. Please list the safety and security measures in place for this event or project:

8. Please outline why would IOC be proud to be associated with this event/project?

Please return this application to:

Labrador City
Christa Kerfont
Communications & External Relations
(709)944-8400 ext. 8318

Christa.Kerfont @ironore.ca