



Sponsorship Application

Organization/Company Name: _____

Event Name: _____

Name of Event Representative: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Is your organization Non-Profit? _____

If Yes, Tax id#: _____

How long has the organization been in existence: _____ ?

How long has the event been in existence: _____ ?

Dates of Event: _____

Event Location: _____

Tell us about your event. What is the purpose? How will it benefit the community?

Is your event a fundraiser? _____

If yes, for whom? _____

How will the Breeze Newspapers receive recognition from your event?

What are you asking the Breeze Newspapers to contribute as a sponsor to your event? Please be specific.

Submit to Ad Director, Breeze Newspapers: 2510 Del Prado Blvd Cape Coral, Fl 33914 or fax to 239-574-3403
At least 2-3 weeks prior to the event