

## ABOUT YOUR ORGANISATION

ORGANISATION NAME:

ORGANISATION TYPE:

ADDRESS:

POSTAL ADDRESS:

WEBSITE:

FACEBOOK:

TWITTER:

## CONTACT PERSON

FULL NAME:

EMAIL ADDRESS:

PHONE:

MOBILE:

## EVENT DETAILS

EVENT NAME:

EVENT DESCRIPTION:

EVENT DATE:

EVENT LOCATION:

NUMBER OF GUESTS:

## EVENT DETAILS (CONT.)

### ITEM DONATED WILL BE USED FOR:

DOOR PRIZE

SILENT AUCTION

LIVE AUCTION

RAFFLE

ONLINE

OTHER (PLEASE SPECIFY BELOW)

Attach event flyer or supporting letter (if available)

## REFERENCE

### REFERRED BY: (IF APPLICABLE)

Please enter the contact name of the person from the Adelaide Oval Stadium Management Authority who requested you to submit a formal request. Leave blank if no one referred you.

## HOW WILL OUR CONTRIBUTION BE RECOGNISED?

## COMMENTS

## PLEASE NOTE

Submission of this request does not guarantee that your request will be fulfilled. Given the large number of requests we receive, we are not in a position to honour all of them. If your request is approved, we will contact you. Thank you.

## RETURN FORM VIA EMAIL

Make sure that you have saved your completed form with changes prior to clicking through to return your form via email.