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|  | Request for sponsorship  of event |  |  |
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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Please complete this form and submit to Recreation Manager | | | | | | | |  |  |  | | | | | | Request Date |  | Client Name (First, Last) | | | | | |  | | |  |  | | | | Home | | |  | Residential Manager/Case Coordinator | | | |  |  |  |  |  | | | | Name of Event Date of Event | | |  | How much requested (25%, 50%, Full) | | | |  | | | | |  |  | | Signature of requestee | | |  |  |  | Date | |  | | |  |  |  |  | | Recreation Manager to Fill in Below | | | | | | | |  | | | | | | | |  | | |  |  | | | | Approved or Not Approved | | |  | Total amount granted | | | |  | | | | | | | | If NOT Approved, Explain Why | | | | | | | |  | | | | |  |  | | Recreation Manager signature | | |  |  |  | Date | | |  |

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| N 4637 County Road Y  Jefferson, WI 53549 | 920-674-8242 | Stephanie McDonald  smcdonald@stcolettawi.org |