

IPPA DIVISION PLANNING REQUEST

GENERAL INFORMATION Date: _____ Division: ____ Amount Requested: _____ **EVENT INFORMATION** Event Name: _____ Event Location: Event Date: Event Host: **EVENT CONTACT** Phone: E-mail: _____ Payee Name for Check: Mailing Address: _____ **SPONSORSHIP REQUEST** Briefly outline your sponsorship request and relevance to IPPA: **SPONSORSHIP USE** Briefly describe how IPPA's sponsorship will be used to benefit your event (i.e. meals, breaks, awards, etc.) Signature _____ Title ____ **Date** _____ For Admin Use Only Approved by: _____ Date: ____ Amount: ____