



SPONSORSHIP REQUEST FORM

Name of Requestor: _____

Phone Number: _____ Email: _____

Total Amount Requested: _____

Reason for request: _____

Are you requesting sponsorship from any other organizations? Yes ___ No ___

If "yes," please share the amount requested: _____

Are you a member or sponsor of the EWGA Wilmington, DE Chapter? Yes ___ No ___

Will the gift/grant provided stay in the state of Delaware? Yes ___ No ___

If "no" please explain where the gift/grant will be used: _____

All sponsorships must be related to or promote golf or golf education. Please explain how the gift/grant will be used to promote or support the game of golf: _____

**Sponsorship requests require a minimum of 4 weeks to process. Please submit accordingly.
All gifts/grants are at the discretion of the organization.**

**All requests should be submitted to Kathleen Corcoran, Treasurer,
at kcorcoran@wwd-cpa.com.**