



Campbell County Health

Sponsorship Request form

Summary Information

Date of request: _____ Amount requested: _____ Date Needed: _____

Title of Project/Event: _____

Date of Project/Event: _____ Location of Project/Event: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact person: _____ Phone: _____ Email: _____

Sponsorship category (circle one)

- A. Community Health: Event or project that promotes health and wellness in the community, (i.e., Relay for Life, Walk to End Alzheimer’s, etc.).
- B. Community Relations: Organization, event or project that directly aligns with the CCH marketing plan tactics and benefits the community, (i.e., tournaments, youth sports organizations, etc.).
- C. Community Benefit: Financial or in-kind support which benefits the community, but has no health or wellness component, (i.e., table/event, golf tournament sponsorships).
- D. CCH Partnerships: Financial or in-kind support for organizations that have a direct affiliation with Campbell County Health. (i.e., Campbell County Healthcare Foundation, Cancer Care Committee, etc.).

Description of Project/event and how it meets the Sponsorship category criteria above: _____

Recognition CCH will receive if approved: _____

Number of participants in the project/event: _____

Other supporters of this project/event: _____

Submission information: Submit this Application form at least 60 days prior to the event

Email (preferred): communityrelations@cchwyo.org

Mail: Campbell County Health, P.O. box 3011, Gillette, WY 82717

In person: Campbell County Memorial Hospital, Community Relations department, 501 S. Burma Ave., Gillette, WY, 82716

Please include any documents or materials to be considered as part of the request.