

SPONSORSHIP APPLICATION FORM

ORGANIZATION OR INDIVIDUAL'S NAME	AUTHORIZED CONTACT	TELEPHONE	EMAIL
STREET ADDRESS		EMAIL	OTHER CONTACT INFO
CITY, STATE, ZIP	FEDERAL TAX ID NUMBER		NUMBER OF YEARS IN BUSINESS

TYPE OF ORGANIZATION (CHECK ONE): CORPORATION LLC SOLE PROPRIETOR INDIVIDUAL TRUST

PLEASE LIST/DESCRIBE THE SPONSORSHIP OPPORTUNITY YOU ARE APPLYING FOR (ATTACH ADDITIONAL PAGES IF NEEDED)

PLEASE LIST/DESCRIBE THE MEDIA ATTACHED TO THIS FORM AND HOW IT IS INTENDED TO BE USED IN THE SPONSORSHIP OPPORTUNITY (ATTACH ADDITIONAL PAGES IF NEEDED)

PLEASE ANSWER THE FOLLOWING QUESTIONS BY INITIALING NEXT TO "YES" OR "NO":

1. HAVE YOU FULLY READ AND UNDERSTAND THE SCHOOL'S SPONSORSHIP POLICY? YES _____
2. ARE YOU THE AUTHORIZED PARTY PERMITTED TO ENTER INTO A LEGAL BINDING FINANCIAL AGREEMENT? YES _____
3. DOES YOUR COMPANY OR PRODUCT(S) MEET ALL THE SCHOOL'S ADVERTISING QUALIFICATIONS AND ARE THEY FREE FROM ANY DISCRIMINATING CONTENT? YES _____
4. HAVE YOU PROVIDED A SAMPLE COPY OF THE LOGO OR MEDIA TO BE ADVERTISED WITH THE APPLICATION? YES _____
5. DO YOU FULLY AGREE THAT THIS SPONSORSHIP PROGRAM DOES NOT CONSTITUTE AN ENDORSEMENT OF YOUR BUSINESS, PRODUCTS, OR VIEWS OF THE APPLICANT? YES _____
6. DO YOU AGREE AND UNDERSTAND THAT YOU MAY NOT USE THE SCHOOL'S, FACILITIES OR GROUNDS, TO ADVERTISE OR ENDORSE THE PRODUCTS AT ANY TIME OTHER THAN THE LOCATIONS APPLIED FOR IN THIS APPLICATION, AND THAT FAILURE TO DO SO IS GROUNDS FOR IMMEDIATE TERMINATION OF THE SPONSORSHIP AND YOU AGREE TO WAIVING ALL RIGHTS AND FINANCIAL COMPENSATION FOR FAILURE TO COMPLY? YES _____

AUTHORIZED REPRESENTATIVE SIGNATURE: _____ DATE: _____

THANK YOU FOR SUPPORTING MAUI PREPARATORY ACADEMY!

FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____ PAYMENTS RECEIVED: _____

DATE REVIEWED BY HEAD OF SCHOOL: _____ APPROVED DENIED

NOTES REGARDING DECISION OF HEAD OF SCHOOL (IF ANY):

AUTHORIZED CONTACT NOTIFIED OF DECISION BY: _____ DATE: _____ TIME: _____