SPORTS GRANT APPLICATION



I have read and understa	nd the pol	icies/proced	ures 🗆 Yes 🛭	□No				
Signature								
ORGANIZATION INFO	RMATION							
_	-							
				Zip				
-								
				Phone				
Non-profit organization								
Tax ID or SSN No.								
Liability insurance	☐ Yes	□No						
Name of carrier (N/A if this does not apply)								
EVENT INFORMATION								
			Event end	date				
Type of event								
☐ National championship				·	☐ Invitational			
☐ Qualifier		□ Open r	registration	☐ Series				
Age group of athletes				- 0 " ·				
☐ Adult	☐ Yo		☐ High school		□ All ages			
Governing body affiliated		nt						
Event description								
Has venue/facility been s	ecured?	☐ Yes	□No					
Event venue/facility (N/A	if venue h	as not yet be	een secured)					
Admission/registration fe	ees (includ	e \$ amount) .						
Schedule of events (if ava	ailable)							

Is there a confirmed media cov	verage component? \Box	Yes □ No		
If yes, what type (select all that	apply) 🗖 National	☐ Regional	☐ Local	□None
What type of coverage (select	all that apply)?			
□ TV (live) □	TV (streaming or recorded)	☐ Print		□ Radio
☐ Social media ☐	Other	□ None		
Media outlet information (if ava Examples: CBS sports, Netflix, ESPI	•			
SPONSOR BENEFITS				
Gulf Shores Orange Beach Sp GSOB Sports & Events reques will occasionally pass these op	ts representation at each e	vent through signag	ge, tables, (etc. GSOB Sports & Events
Sporting event sponsorship op (Select all sporting event sponsorsh	·	orts & Events to utilize)		
☐ Media	☐ Social media	□ On-site sign	age	\square On-site activation
☐ Comped tickets/entry	□ Other	□ N/A		
SIGNATURE/ACKNOWLEDG	MENT			
Please complete the supplied	W-9 form.			
All grants are reviewed, scored performance basis. Grant appl				m but are awarded on a
At all events sponsored by Gu only, event-specific sponsors of GSOB Sports & Events' sponsor	or GSOB Sports & Events sp			
Grant funding will be awarded been returned, and a W-9 form		te, room night form:	s have beer	n verified, room forms have
Signature				
Title			Date	

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