



Phone 780.779.2727
Email csr@eaglerivercasino.ca

SUPPORT REQUEST

DATE OF APPLICATION

ORGANIZATION INFORMATION

Organization Name _____
Cause _____
Address _____
City/Town _____ Province _____ Postal Code _____
Phone Number _____ Website _____

Please provide the contact information that Eagle River Casino can contact for any additional information.

Name _____ Phone Number _____
Email Address _____

ORGANIZATION CATEGORY (select all that apply)

- Community Support
- Environmental Initiative
- Leadership Development
- Medical
- Sports & Recreation
- Education
- Arts & Culture
- Aboriginal / First Nations
- Other _____

IMPACT AREA (select all that apply)

- Whitecourt
- Fox Creek
- Provincial
- Woodlands County / Surrounding Area
- Swan Hills
- National
- Alexis
- Edmonton
- Other _____

TYPE OF SUPPORT (select all that apply)	VALUE REQUESTED
<input type="checkbox"/> Donation <input type="checkbox"/> Monetary <input type="checkbox"/> Volunteers Needed <input type="checkbox"/> Sponsorship <input type="checkbox"/> In-Kind <input type="checkbox"/> Other	

Has Eagle River Casino supported your organization in the past? Yes No
Please describe:

Has your organization already been in contact with someone from Eagle River Casino? Yes No
Name of Eagle River Casino Contact: _____

Is Eagle River Casino supporting your program or event in any other capacity? Yes No
Please describe:

Has your organization requested sponsorship from other businesses or organizations? Yes No
Please list all:

**Due to the fact that we are a highly regulated industry, our ability to participate may be affected by sponsorship of other sources.*

PROGRAM OR EVENT DETAILS

Please tell us about your organization and your request for Eagle River Casino's support.

EVENT SPONSORSHIP DETAILS

Event Date _____ Estimated Number of Participants _____

How do you plan to advertise your event?

SUPPORT RECOGNITION (select all that apply)

How will Eagle River Casino be recognized before, during or after your program/event?

Note: Eagle River Casino will supply a logo file for recognition use.

- | | | |
|---|--|--|
| <input type="checkbox"/> Posters | <input type="checkbox"/> Radio Ads | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> Announcement at Event | <input type="checkbox"/> Picture with Eagle River Casino |
| <input type="checkbox"/> Promotional Item | <input type="checkbox"/> Event Program / Itinerary | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Banner | <input type="checkbox"/> Newspaper Thank You | |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Website | |

Please describe any other forms of recognition:

REQUEST SUBMISSION

Please email the completed form to: csr@eaglerivercasino.ca. Allow 90 days prior to event for a response.

We regret that due to the volume of requests, not all applications can be approved.

OFFICE USE