

Application for Sponsorship

Name of Organisation			
ABN / ACN			
Contact Details			
Contact Name:			
Position:			
Postal Address:			
Suburb:			
State:		Postcode:	
Email Address (if applicable)			
Contact Number(s)	Mobile:		
	Home/Work:		

Name of Organisation:	Glendi Greek Festival Inc		
Postal Address:	PO Box 143		
Suburb:	TORRENSVILLE		
State:	SA	Postcode	5031
Telephone Number	(08) 8297 2444	FAX	(08) 8297 2544
Website	www.glendi.org	Email:	greek@glendi.org

Sponsorship Package			

Signature: _____

Name:
(Please Print) _____

Date: _____

Tailored packages available.

All sponsorship fees are payable on confirmation.

