

## SPORTS MEDICINE OUTREACH & SPONSORSHIP REQUEST FORM

Step 1: Please use this application form for each initiative that you would like to request financial or in-kind sponsorship from Sports Medicine within the Department of Orthopaedics & Rehabilitation at OHSU.

Step 2: Please email your completed application to Heidi Snyder by email at [snyderh@ohsu.edu](mailto:snyderh@ohsu.edu). Due to budget planning, we request 6 months' advance notice for consideration of your event. Other requests may still be considered, however, funding may no longer be available.

Step 3: Our intent is review applications monthly; however, based on schedule needs, meetings may occur bi-monthly. You will be notified for additional information and final approvals.

### APPLICATION

- ❖ Your Organization's Name:
- ❖ Your Organization's goals related to Sport's Medicine injuries or prevention:
- ❖ The name of the initiative for which you are requesting support:
- ❖ A brief description of the initiative including expected outcomes and any major past accomplishments:
- ❖ Date/time and location of the initiative:
- ❖ Expected # of attendees (projected and in past years):
- ❖ Demographic of attendees (location, ages):
- ❖ Is this a new or an established initiative? (If established, how many years?)
- ❖ What are the sponsorship costs/levels? (Please attach any sponsorship form to your email).
- ❖ Would there be any other in-kind options that you would like to consider for this initiative? (brochures, giveaways, volunteers, speakers, athletic trainers, team doctor)
- ❖ Will you have other sponsors? Please provide the names of the other sponsors you plan to approach.

- ❖ Will you be seeking sponsorship from any other OHSU entity, such as Family Medicine Sports Medicine or Internal Medicine Sports Medicine or any other Department at OHSU? If so please tell us who you have approached or intend to approach.
- ❖ If this is a fundraiser, please provide details about the percentage of proceeds that will be directed to the service/benefits for the target population and help to prevent sports related injuries and prevention activities. How will these proceeds be distributed?
- ❖ How will this initiative be publicized?
- ❖ Please identify any staff at OHSU who could speak to the benefits of your organization or that you would consider your organization in collaboration with towards Sports Medicine related activities.
- ❖ Please provide your contact information:

Contact Name:

Phone Number:

Email:

Organization Website: