



317 Western Blvd, Jacksonville, NC 28546
(910) 577-2345

Sponsorship/ Event Request Form

Legal name of organization:

Phone number:

Email address:

Website:

Mailing address (physical address if it is different and not confidential):

Contact name:

Phone number:

Email address:

Sponsorship/ Event Information Name of sponsorship/ event:

Date, location, and/or duration:

Purpose and summary of sponsorship/ event:

How do you plan to use the sponsorship/ event funds?

Sponsorship benefits (advertisement on signage, event tickets, booth space, etc.)

How does this sponsorship/event meet the specified guidelines? (onslow.org/sponsorship-requests)

Sponsorship/ Event Request Cost to Onslow Memorial: \$

COVID-19 Considerations

Will your event be hosted **Virtually** **In-person**

What precautions will you have in place to protect vendors and/or attendees?



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How will you manage funds that are received in the case your event is cancelled or postponed?

Deadline for approval or denial of sponsorship/ event request:

Please email the completed application and any supporting documentation to:

Marketing and Communications

Onslow Memorial Hospital

OMHCommunications@onslow.org