



Sponsorship Request Form

Note: All requests must be submitted on this form to the Marketing and Communications Department at least four weeks prior to the date needed. Please fill out this form completely. This is required in order for request to be processed. Additionally, all requests must have supporting documentation attached with information on the event, purpose, sponsorship levels, etc. **All internal requests must align with the Forrest General Hospital mission.**

Mail To: Forrest General Marketing and Communications: P.O. Box 16389, Hattiesburg, MS 39404

OR Email To: sponsorship@forrestgeneral.com

Deliver in person to: Forrest General Marketing and Communications, 125 South 28th Avenue, Hattiesburg, MS 39402

For more information, call 601-288-1300.

Organization: _____

Type of Organization:

Individual Religious Civic School Sports-related request Non-profit

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Federal Tax ID number (or Social Security Number, if individual): _____

The Federal Tax ID number or SSN is needed so that the organization or individual may be entered into the FGH vendor system and a check issued.

Contact Person: _____

Phone: () _____ E-mail: () _____

Event: _____

Information on the event or request must be attached in order to be processed.

Has FGH previously sponsored this event? _____ If yes, what year? _____

Description: _____

Event Founded in: _____

Date: _____ Time: _____ Location: _____

Estimated attendance: _____ Last year's attendance: _____ Primary age group of attendees: _____

Type of sponsorship requested:

Door Prize Ad sponsorship Sporting event sponsorship In-kind sponsorship

Other: _____

Describe in detail the benefit to Forrest General for participating: _____

Include sponsorship levels of participation: _____

Contact person will be notified as to whether or not the sponsorship is approved and at what level.