



Donation & Sponsorship Application

Organization should review the Ho-Chunk Gaming Donation and Sponsorship Guidelines before submitting an application.

Date of Request \_\_\_\_\_ (incomplete applications will not be considered)

Type of Request: (Requests must be made 60 days in advance of an event to be considered)

- Monetary (amount) \_\_\_\_\_
Sponsorship (amount) \_\_\_\_\_
Promotional items i.e. shirts, pens....
Redemption Slips or Vouchers for dining or Free/Rewards Play
Gift Certificates
Dice Qty \_\_\_\_\_
Playing cards Qty: \_\_\_\_\_ (For quantities greater than 100, use this form)

Organizations receiving donations/sponsorships from Ho-Chunk Gaming facilities acknowledge that the funds are generated from gaming dollars. Organizations hereby authorize Ho-Chunk Gaming to use their name in advertising, and publicity surrounding Ho-Chunk Gaming and the Ho-Chunk Nation. Initial: \_\_\_\_\_

Request needed by \_\_\_\_\_

Organization Name \_\_\_\_\_ Date of Event: \_\_\_\_\_

Contact Person and Title \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Web address: \_\_\_\_\_

Which of the following categorizes best describe your organization:

- Non-Profit Not for Profit For Profit Individual
HCN OOP HCN Dept. of Bus. HCN Department: \_\_\_\_\_ (Name of Department)

Charitable organization Federal Tax I. D. number: \_\_\_\_\_

What is the target audience for the event? E.g. adults, kids, golfers, walkers, skiers.....

Event Name: \_\_\_\_\_

Is this a first time event: No Yes If No, what was your last year's attendance: \_\_\_\_\_

## Ho-Chunk Gaming Donation & Sponsorship Application – continued

Organization Name: \_\_\_\_\_

A brief history of the organization and its goals (brochure or other official document preferred)

---

---

---

Detailed description of how the donation will be used

---

---

How will this event/program impact the community and your organization, including how many people the donation will affect?

---

---

---

---

---

What type of advertisement will Ho-Chunk Gaming receive from this event/program?

---

---

What media will be used for the event? (List names of companies advertising with)

- TV stations \_\_\_\_\_  
 Newspaper \_\_\_\_\_  
 Radio \_\_\_\_\_  
 Magazine \_\_\_\_\_  
 Website \_\_\_\_\_  
 E-mail       Billboard       Other: \_\_\_\_\_

Has your organization requested and/or received donations from any of the following:

Ho-Chunk Gaming properties: Ho-Chunk Gaming Nekoosa, Ho-Chunk Gaming Black River Falls, Ho-Chunk Gaming Wittenberg, Ho-Chunk Gaming Madison, Ho-Chunk gaming Wisconsin Dells, or the Ho-Chunk Nation Community Relations Committee in Black River Falls within the past 12 months

No  Yes If yes, which organization: \_\_\_\_\_ Date donation was received: \_\_\_\_\_  
What was donated: \_\_\_\_\_

Names of other sponsors/donors & amounts donated

---

---

---

Please return completed application with literature or publicity materials for the event to:

**Ho-Chunk Gaming –Black River Falls**

Tris Harris -SMPR

W9010 Hwy 54 E, BRF, WI 54615

**E-mail:** [tris.harris@ho-chunk.com](mailto:tris.harris@ho-chunk.com)

**Phone:** (800)657-4621 Ext. 4112; **Fax:** (715)284-9739

Office use only

Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Action \_\_\_\_\_