



SPONSORSHIP/PARTICIPATION REQUEST FORM

Name of Non-Profit
Organization: _____

Tax ID Number: _____

Address: _____

Telephone: _____

Email: _____

Contact Person: _____

Name and description of Event of Activity: _____

Who will benefit from funds that are raised from this activity?: _____

What is your specific request of Sierra Central?: _____

How will this activity further Sierra Central's community citizenship goals?: _____

Submit request form by September 30th to: Sierra Central, Attention: Sponsorship
Request Committee 820 Plaza Way, Yuba City CA 95991