

# WD Cinemas Sponsorship/Donation application Form

## Form Preview

### Important notice

\* indicates a required field

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009*. The personal information collected on this form will be used to process applications under the WD Cinema Donations Program. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

#### Guidelines

Please refer to the Western Downs Cinemas Sponsorship/Donations Program Guidelines by clicking [here](#) prior to completing this application form.

For further information or assistance with this application, please phone Council on 1300 268 624 to speak with a Cinema Project Officer.

I have read the WD Cinemas Donations Program Guidelines prior to completing this application form and confirm that to the best of my knowledge this application conforms to the program's requirements.

**By clicking proceed: I confirm that I am legally authorised to make this application on behalf of the named organisation for which this application is being lodged. \***

Proceed

### Initial Criteria

\* indicates a required field

**Does your organisation own or operate a commercial licensed premises full time? i.e. A licensed premises that is operated primarily as a commercial business rather than as a member service. \***

- Yes  
 No

If you ticked yes, your application is ineligible

**Does your organisation operate gaming machines? \***

- Yes  
 No

If you ticked yes, your application is ineligible

### Contact Details

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\* indicates a required field

**Contact Person for the Event \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Contact Phone Number \***

Must be an Australian phone number

**Email Address \***

Must be an email address

### Details of Organisation

**Organisation Name \***

Organisation Name

**Organisation Postal Address \***

Address

  
  
Suburb State Postcode  

Must be an Australian post code

**Organisation Email Address \***

Must be an email address

### Event Summary

\* indicates a required field

**Event Name: \***

**Event Date \***

Must be a date.

**Please note that applications are applicable ONLY to Chinchilla Cinema for the current financial year**

**Which class of ticket is requested? \***

- Adult Double Pass  
 Child Double Pass

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Student/concession Double Pass

### Event Details

\* indicates a required field

**Please provide the following details for this event including:**

**Reason for fundraising event \***

Word count:

Must be no more than 25 words

**Please tell us about your event (no more than 300 words) \***

Word count:

Must be no more than 300 words

### Event Details continued

\* indicates a required field

**Please choose how you will acknowledge WDRC's contribution to this \***

- Banner
- Logo on posters and advertising
- Social Media
- Print Media eg. Editorials/media releases
- On the Day Announcements

### Checklist and Agreement

\* indicates a required field

#### Agreement

By submitting this application I confirm that:

- a) The details in this application and any attachments are lawfully true and correct;
- b) I have been legally authorised to make this application by the governing body of the organisation for which this application is being made;
- c) The organisation named in this application accepts all legal and financial responsibility associated with this application and any funds granted should this application be successful;

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d) This application is consistent with the aims and objectives of the incorporated body as set out in its Constitution (if applicable);

e) There will be appropriate and adequate insurance covering this event.

**I agree to the above terms and conditions \***

Yes