

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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