**Team Sponsorship Authorization Request**

Use this form to request authorization from SDMHA to approach local businesses for team sponsorship. Please list your top three preferred businesses for consideration.

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| **Team:** |  |
| **Business Name** | **Purpose of Sponsorship** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Purpose of this Form:** This form is required for teams requesting permission to approach a business for sponsorship on behalf of SDMHA. Teams must specify how the sponsorship funds will be used and are expected to use the official SDMHA Sponsorship Letter when contacting businesses Once submitted, the request will be reviewed by the Fundraising and Sponsorship Director, who will follow up with an approval, a request for more information, or a rejection.

**Acknowledgement:** By submitting this form, you confirm that you have read and agree to follow the sponsorship guidelines outlined in the **SDMHA Team Fundraising & Sponsorship Policy.**

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| **Contact Signature** | **Date** |
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