



LVCVA SPORTS AND SPECIAL EVENTS SPONSORSHIP APPLICATION

I have read and understand the LVCVA Sports and Special Events Sponsorship Application Criteria

Application Processing

- All Sponsorship Applications for funding are due by the first of every month.
- All applications will be reviewed by the LVCVA Sponsorship Committee and you will receive a response no later than 60 days after submittal.
- Consideration will be based on the event criteria identified in the Sponsorship Application Information Cover Letter.
- Only completed applications will be considered.
- Review by the LVCVA Sponsorship Committee does not guarantee funding.
- Send completed application, attachments, and all supporting documents to eventsupport@lvcva.com or LVCVA, Sports Marketing Department, 3150 Paradise Road, Las Vegas, NV 89109

Application

Application Submitted Date _____

Legal Name of Organization _____

Contact Name _____

Contact Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Website _____

Social Media Channels (if applicable) _____

Non-Profit Designation ___ 501(c)3 ___ 501(c)6 Other (Please Specify) _____

A. Event Information

1. Event Title _____

2. Event Dates _____

Are the dates flexible? ___ Yes ___ No

3. Event Owner/Sanctioning Body _____

4. Event Summary _____

5. **Have facilities been secured?** ____ Yes ____ No
If yes, please provide the venue name and contact information.
If no, please provide a list of potential venues and contact information.

6. **Have rooms been booked at hotel properties?** ____ Yes ____ No
If yes, how many properties?
 1 2 3+
If yes, please list the properties and property contact information.

7. **Is this a ticketed event?** ____ Yes ____ No

B. Economic Impact

Please indicate the estimated number of unique attendees on the lines below. If you have attendance reports/ information from past events please include that documentation.
For events that receive LVCVA funding, applicant will be required to disclose attendance numbers.

a. Expected number of unique participants

Total ____ Local ____ Out of Town ____ International ____

b. Expected number of unique spectators

Total ____ Local ____ Out of Town ____ International ____

c. Expected number of total room nights

Total ____ Local ____ Out of Town ____ International ____

C. Event History (past two occurrences if applicable starting with the most recent)

a. **How many years has your event been conducted?** _____

Previous Location _____

Dates _____ **Number of Participants** _____

Number of Unique Spectators _____ **Number of Total Room Nights**

Previous Location _____
Dates _____ Number of Participants _____
Number of Spectators _____ Number of Room Nights _____

D. Sponsorship Requested from LVCVA

1. Financial amount requested \$ _____

2. How would sponsorship dollars be used? _____

3. What sponsorship benefits would Las Vegas/LVCVA receive? _____

4. Has this event received sponsorship support from the LVCVA in the past?
____ Yes ____ No

If yes, please list the year(s) and amount _____

E. Sponsorship Value

1. What is the strategy for marketing the event?

2. Is there a community involvement (i.e. community service project, donation drive, etc.) component?

F. Financial Requirements

1. Please attach a proposed budget for the event including revenue and expenses.
2. Please list all pending and/or confirmed sponsors and their sponsorship commitment for this request -

G. References

1. Please list two references (non-sponsors) who have been directly involved with this organization for past events -

Organization, Association, or Company _____
Contact Name _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Organization, Association, or Company _____
Contact Name _____
City _____ State _____ Zip _____
Telephone _____
Email _____

2. Please list two sponsor references who have been directly involved with this event –
 - a. How many sponsors are secured for the event? _____

Organization, Association, or Company _____
Contact Name _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Organization, Association, or Company _____
Contact Name _____
City _____ State _____ Zip _____
Telephone _____
Email _____