



# SPONSORSHIP REQUEST FORM

For all Lemak Health sponsorship/event requests, please complete and submit the form below. Allow ten (10) business days to process and consider your request. Please submit requests at least four (4) weeks prior to your sponsorship/event deadline. Any questions can be directed to our Marketing Manager Holly Appell at 205.329.7512 or [marketing@lemakhealth.com](mailto:marketing@lemakhealth.com).

## SUBMIT COMPLETED FORMS TO:

Lemak Health  
ATTN: Marketing Department  
1286 Oak Grove Road | Suite 200 | Birmingham, AL 35209  
P: 205.329.7512 | F: 205.329.7526

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How are you affiliated with this sponsorship? (*Parent, coach, athletic director, principal, booster club member, student, board member, etc.*):

\_\_\_\_\_

Name of Sponsorship/Event: \_\_\_\_\_

Sponsorship/Event Benefits: \_\_\_\_\_

\_\_\_\_\_

Target Audience: \_\_\_\_\_

Date of Sponsorship/Event: \_\_\_\_\_ Deadline for Space Reservation: \_\_\_\_\_

Cost of Sponsorship/Event: \$ \_\_\_\_\_ Recurring (*Please circle Yes or No*) Yes / No

Will You Require Promotional Items? Yes / No Will You Require a Logo? Yes / No

Additional Information:

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