

St. John's Regional Medical Center 1600 North Rose Avenue Oxnard, CA 93030 direct 805.988.2500 **St. John's Hospital Camarillo** 2309 Antonio Avenue Camarillo, CA 93010 *direct* 805.389.5800

## SPONSORSHIP REQUEST APPLICATION

Today's Date:			
<ol> <li>All requests must be made by completing this form and attaching your flyer, brochure, or request letter on letterhead.</li> <li>Requests must be made at least three months prior to date needed.</li> <li>All requests are reviewed by the Sponsorship Oversight Committee. The committee determines whether St. John's Hospital Camarillo and/or St. John's Regional Medical Center will sponsor you/ your organization.</li> <li>Send Request Application to: Brenda Tardiff, Hospital Administration by mail to 2309 Antonio Ave., Camarillo, CA 93010 or email to Brenda. Tardiff@DignityHealth.org.</li> </ol>			
		Address:	
		City/State/Zip:	
		Taxpayer ID number:	(Please include your W-9 form)
Contact Person:E-mail:	Telephone:		
Include the following:			
1) Check payable to:			
2) Mailing address:			
3) Number of people attending the event and/o	or event reach:		
4) If applicable, artwork specs (color, size, and	d file format):		
5) Number of people viewing advertisement (1	mpressions):		
Donation Requested: \$	Date the Check is needed:		
Purpose of request (what will a donation help necessary:			
	nsidered and all are worthy, those which align e or which promotes health and wellbeing in the nsideration.		
Has your organization received sponsorship fr when, for what and for how much?	om St. John's Hospitals in the past? If so,		

Please attach your flyer, brochure, or letter advertising your event.