

Downtown Greensboro Inc. Event Sponsorship Application

Thank you for hosting your event in downtown Greensboro! Events provide exciting destinations within our downtown that increases the quality of life in the City of Greensboro. Downtown Greensboro Inc. is committed to supporting events within the Business Improvement District that have a positive impact on the development of our center city. Events will be considered based upon the following:

- A completed and approved City of Greensboro Special Events Permit proof required.
 (If applicable)
- Event takes place within the Business Improvement District (BID). Map attached.
- Event organizer is required to post the event on the <u>www.downtowngreensboro.org</u> event calendar.
- Event organizer is required to tag Downtown Greensboro on Facebook and utilize the downtown Greensboro hashtag (#DGSO) with social media promotions.
- Event organizer is required to complete the post-event recap (attached) and return to Downtown Greensboro Inc. Staff within one month of the completed event.
- Downtown Greensboro Inc. considers numerous factors in reviewing applications. Examples of our criteria include:
 - Improve quality of life
 - Create unique experiences downtown
 - Attract a diverse audience
 - Provide a safe atmosphere
- Event is submitted by the appropriate deadline:
 - Events January 2019 June 2019 Application Deadline: January 15,
 2019



I. **Event Information** Event Name: _____ Event Date: _____ Event Location: Event Hours: _____ Admission Cost of Event: _____ New or Existing Event? Event Website: _____ **Event Description:** Previous Number of Attendees: Expected Number of Attendees: _____ Target Demographic: How will this event impact the downtown community, including residents and business owners?



Event I	Budget (Please attach a full budget):	
Amour	nt of Sponsorship Request:	
Benefi	s of Sponsorship (May attach supplemental sponsorship packet):	
Non-p	rofit Association/Beneficiary:	
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Other

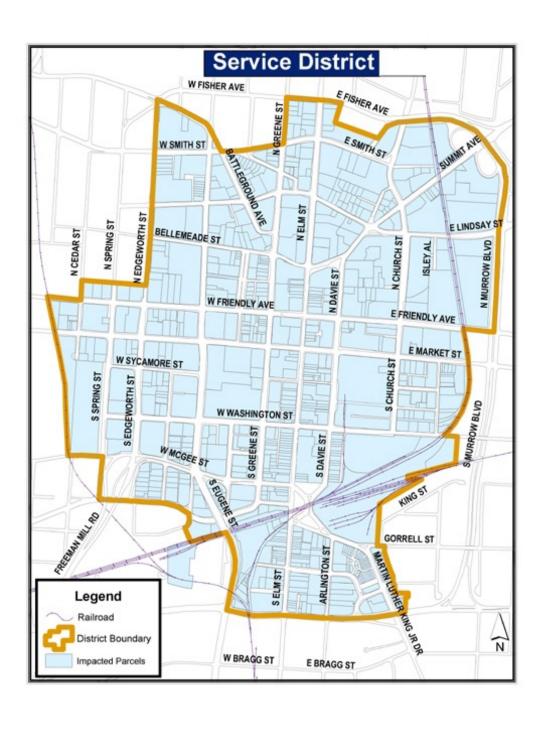


Р	Phone Number:	Day of Event Phor	ne Number:
E	Email:		·
Δ	Alternate Contact Name:		
Δ	Alternate Contact Phone:		
. <u>A</u>	Applicant Signature		
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(336) 279-7621



IV. Business Improvement District Map:





V. Post-Event Recap

Please return to <u>Julia@downtowngreensboro.org</u> within one month after the event date.

Event Name:	-
Event Date:	
Estimated Number of Attendees:	_
Estimate Based On (Sales, counters, etc.):	
Demographic Break Down (Age, race, etc.):	
Weather on Event Day:	

Please attach any photos or news coverage of the event.