

Organisation:		Date:	
Contact Name:			
Email:		Phone / Mobile:	
Preferred Time-Slot:	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
NOOSA FM Contact / Referral:			

Additional information for your Sponsorship promotion:

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PRODUCTION: \$	Donation: \$	TOTAL: \$
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Payment Options: **Direct Deposit <input type="checkbox"/> Eftpos <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa / Master Card <input type="checkbox"/>	
Card Number:	
Expiry Date:	CCV Number:
Cardholder's Name:	
Cardholder's Signature:	

****For Direct Deposit payments, please use your last name as the reference**

BSB:124101

Account Number: **11395883**

Tax deductible receipt sent to applicant

Please note: All information provided in this application is confidential and strictly for NOOSA FM use only.

OFFICE USE ONLY							
Pre-recording supplied date:				Payment Receipt No.			
Start:				Finish:			
Production by:				Date Completed:			
Days:	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
Time-slots: (number of times)	6am - 9am <input type="checkbox"/>	9am - 12pm <input type="checkbox"/>	12pm - 4pm <input type="checkbox"/>	4pm - 6pm <input type="checkbox"/>	6pm - 12pm <input type="checkbox"/>	12pm - 6am <input type="checkbox"/>	
Logged by:							

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