



Sporting Club Sponsorship

Request Form

Thank you for your interest in partnering with Essbee Myotherapy. To help us assess your sponsorship request, please complete the form below with as much detail as possible.

Club Details

Club Name:

Sport / Competition Type:

League / Association:

Club Location:

Website / Social Media:

Primary Contact

Full Name:

Position / Role:

Phone Number:

Email Address:

Sponsorship Request

Type of Sponsorship Requested: (e.g., financial, service-based, product)

Duration of Sponsorship: (e.g., single season, multiple seasons)

Preferred Sponsorship Start Date:

Value of Sponsorship Requested: (if applicable)

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Club Overview

Brief History of the Club:

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Current Membership Base (Players, Coaches, Members):.....

Age Group and Gender Breakdown:.....
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Level of Competition: (e.g., amateur, semi-professional, junior, senior).....

Marketing and Exposure Opportunities

What sponsorship benefits can you offer Essbee Myotherapy? (Tick or describe all that apply)

- On-field jersey or apparel branding
- Ground signage / banner placement
- Club newsletter/social media promotion
- Website listing and link
- Public acknowledgment at events or presentations
- Player access for promotional content

- Affiliate partnerships or referrals
- Other:

Estimated Reach / Engagement: (Follower numbers, attendance stats, engagement rate)

Active Social Media Channels

- Facebook: Followers.....
- Instagram: Followers.....
- TikTok: Followers.....
- Website: Monthly traffic (if known).....
- Other Platforms (e.g., YouTube, LinkedIn):.....

Current or Previous Sponsors

List any current sponsors:.....

Have you previously partnered with health or wellness services?.....

Why Essbee Myotherapy?

Why do you believe Essbee Myotherapy is a good fit for your club?.....

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Representatives and Point of Contact for Sponsorship Activities

Club Representative(s) for Sponsorship Integration:.....

Preferred Communication Method: (Email/Phone/SMS).....

Declaration

I declare that the information provided in this form is accurate and that I am authorized to submit this sponsorship request on behalf of the above-named club.

Name:

Signature:

Date:

Please return this completed form to:

Essbee Myotherapy — Attn: Amanda

Email: essbeersm@gmail.com

Postal: 5 Limeburner Grove, Botanic Ridge VIC 3977

(Optional) Attach any supporting documents such as club profile, sponsorship proposal, or media kit.