



EXPLORERS UNLIMITED

AUCKLAND BRANCH

N.Z. ASSN. FOR GIFTED CHILDREN

PO Box 36-084, Northcote

APPLICATION FOR SPONSORSHIP

Event:

Date of event:

Amount of sponsorship requested: NZ\$

Date of Application:

Name of Applicant:

Position:(Parent, Teacher, Assessor etc)

Address:

Phone:

Mobile:

Email:

Why do you wish to attend this event?

How will you benefit personally and/or professionally?

How will Explorers benefit from you being sponsored to this event?

The most common ways are to write an article or give a presentation to a teachers and parents evening. However if you have another idea, then please present it

Please add the website of the organisation running this event

Please indicate if you are a member of Explorers or NZ Assn of Gifted Children

Applicant's Signature

Approved

Date