



TRUCKEE TAHOE AIRPORT DISTRICT Community Sponsorship Request Form

Non-Profit Organization/Group: _____ Date of Request: _____

Name of Authorized Representative: _____

E-mail address: _____

Complete mailing address: _____

501(c)(3) Status: ____Y / N Federal Tax ID # (Include copy of IRS determination letter): _____

Phone - Daytime: _____ Evening: _____ Fax: _____

Please provide a detailed description of your Sponsorship Request and how it will benefit your organization, and the Truckee Tahoe Airport District. *(Use additional sheets as necessary.)*

Amount Requested: \$ _____

Have you requested funding from TTAD before? ____Y / N If "Yes" – when? _____

How will the District be recognized in your program? *(Use additional sheets as necessary.)*

Signature (Authorized Rep.): _____ Date: _____

Please allow 60-90 days for your request to be reviewed and processed.

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For TTAD Use Only

Approval: _____	General Manager	Amount: _____	Date: _____
_____	Director of Av. & Comm. Services	_____	_____
_____	Director of Finance & Admin.	_____	_____
_____	Director of Ops. & Maint.	_____	_____