



SPONSORSHIP REQUEST FORM

For all Lemak Health sponsorship/event requests, please complete and submit the form below. Allow ten (10) business days to process and consider your request. Please submit requests at least four (4) weeks prior to your sponsorship/event deadline. Any questions can be directed to the Marketing Department at 205.329.7505 or marketing@lemakhealth.com.

REMIT COMPLETED FORMS TO:

Lemak Health
ATTN: Marketing Department
1286 Oak Grove Road | Birmingham, AL 35209
P: 205.329.7505 | F: 205.690.3648 | E: marketing@lemakhealth.com

Organization _____ Contact Name _____

Phone Number _____ Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

How Are You Affiliated With This Sponsorship? (*Parent, coach, athletic director, principal, booster club member, student, etc.*)

Name of Sponsorship/Event _____

Sponsorship/Event Benefits _____

Target Audience _____

Date of Sponsorship/Event _____ Deadline for Space Reservation _____

Cost of Sponsorship/Event \$ _____ Recurring Yes No

Will You Require Promotional Items Yes No Quantity _____

Will You Require a Logo? Yes No

Additional Information:

