



LIGHT REGIONAL COUNCIL

Event Sponsorship Program (ESP) Acquittal Form

Applicant Details

Date:

Name of Organisation:		
Contact Person for this Application:		
Position Held by Contact Person:		
Address:		
Postal Address (if different from above):		
Suburb:	State:	Postcode:
Telephone:	Mobile:	
Email:		

ESP Grant amount: \$

Date received:

Event Details / Type

Name of the event:
Was the event a regional or community event? <input type="checkbox"/> Regional Event <input type="checkbox"/> Community Event
Date of the event:
Venue / Location of the event (where was the event held?)

Event Description

Please provide a brief summary of the event outcomes:

Was the event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the event free, ticketed or a combination? <i>(Please provide details of entry costs)</i>
What was the estimated total attendance at the event? <i>(How did you determine total attendance?)</i>
Please provide an overview of how any access issues were addressed <i>(eg) How were people with a disability supported to participate in your event?</i>

What were the major elements or components associated with the event (e.g. showcase local foods, musical performance, amusement rides):

List the benefits achieved for the community and/or local business from the event:

Please list all other community groups or organisations involved with staging this event:

Event Promotion Summary

How did you promote the event? Please attach a copy of all publicity and marketing material that included Light Regional Council acknowledgement, branding or logo placement.

Event Income and Expenditure**Total cost to stage this event? \$**

Did your organisation receive financial assistance (e.g. grants or sponsorship or donations) from other bodies for this event?

 Yes No

If yes, please complete the following table:

Name of Funding Body	Amount received

What was the total income for this event? \$

Please provide details of event income (e.g. ticket sales, fundraising, donations):

Please provide details of how Council's Event Sponsorship grant was spent on the event:
(Attach separate sheet if required and provide copies of invoices/receipts)

Item	Amount

In-kind support – please list any in-kind support provided for the event:
(e.g. Volunteer hours, equipment loan, venues offered at no cost, etc):

Applicants Declaration

I (print name) _____ on behalf of
(organisation) _____

declare that this application has been completed accurately and all information given is true and correct and that no pertinent information has been omitted or withheld.

Signed _____ Date _____

I consent to event photos being included in Council's annual report Yes No

Return your completed ESP Acquittal to Light Regional Council:

- Via email: light@light.sa.gov.au
- Via post: PO Box 72, KAPUNDA SA 5373
- In person to 93 Main St. Kapunda, or 12 Hanson St Freeling.