

Elko Downtown Business Association – Request Form 1

DATE OF EVENT: _____

DATE SUBMITTED: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON (S): _____ PHONE _____

EMAIL ADDRESS: _____

NAME 2: _____ PHONE _____

EMAIL ADDRESS: _____

Type of Request:

_____ PSA on DBA email blast/newsletter _____ Request for Funds _____ Request for Volunteers/Help

_____ Other: _____

Marketing Summary

I. SUMMARY: _____

II. GOALS AND OBJECTIVES: _____

III. TIMELINE / DEADLINES: _____

IV. HOW THE DBA CAN HELP: _____

V. ADDITIONAL SUPPORT NEEDED FOR SUCCESS: _____

