

# IMPACT MONTANA

WARRIOR STRONG ⚡ MONTANA STRONG

## Team Sponsorship Form

These questions will be used for research and to validate Impact Montana programs. All private information will be kept for internal use only and will be separate from research data. Research data will be shared with IM stakeholders and potential stakeholders.

Team Name	Primary Phone or Email		City/Town	Total Cost of Activity	# of Team Members
				\$	
1. Name of Participating SMVF (Service member, Veteran, or Family?)	2. Service Member or Family Member	3. Service Branch	4. When Were You in the US Military?	5. Were You Involved in Overseas Operations?	6. Do You Have a Service-Connected Disability?
7. Type of Recreational Activity					
8. How Often Per Week Will Activity Take Place?					
9. Outside of this Activity How Often Does the Team Interact Per Week?					
10. Is the Team Willing to Volunteer in Your Community to Support Impact Montana Activities?					
11. Does the Team Have Any Other Sponsors Related to this Activity? If Yes, Who?					
12. Are Any of the SMVF Members of Service Organizations? If Yes, Which Ones?					
13. Is the Team Willing to Wear an Impact Montana Uniform to Increase Organizational Awareness?					

Impact Montana event sponsorship policies apply. See reverse side for details.

What is the duration of this team activity (start and end dates)? \_\_\_\_\_

Briefly share with us what this sponsorship could mean to the team as well as Impact Montana if we are able to support this particular team activity?

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Team SMVF Rep Signature

Date

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Impact Montana Rep Signature

Amount Granted

Date

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### Post-Event Summary

Please explain what the sponsorship funds were used for:

Please share with us the results of the team activity. Will this team seek future Impact Montana sponsorships? Would you recommend us to other recreational teams with SMVF?

Each team is eligible for up to \$500 in sponsorship fee support per calendar year relative to max of \$100/participant. Amount provided will be based on the associated fees related to the specific activity and on available funding and organizational determination. Applications will be reviewed on an as-needed basis and should be submitted no less than two months prior to the event. Determination for approval and amount of the application will be provided no less than one week prior to the activity start date. The team may request approval decision beginning at one month prior to the activity start date for planning purposes. Any individual applicant from the team listed in this sponsor form may receive up to \$500 towards team and individual activities/events in any given calendar year. Funds received from Impact Montana may be used to support team equipment, registration fees, tournament fees, or individual expenses associated with the activity. Successful applicants are highly encouraged to support Impact Montana through volunteering and sharing our organizational mission and purpose with other potential supporters and beneficiaries. This program and policy is subject to change without notice based on Impact Montana organizational needs. By signing this application the individuals and team releases Impact Montana from all liability related to the activity. Impact Montana reserves the right to limit sponsorships to activities that do not directly compete with its organizational purpose and mission. The questions on this form serve as research and will be used to share with Impact Montana financial contributors.

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Form Number IM-TSF-1  
Dated April 2015