



Please print clearly and complete application form in full. This form should accompany a signed covering letter including any further information on organization letterhead.

Application Date		Organization Name	
Address (including Postal Code)			Website
City	Province	Phone Number	
Contact Name and Title			
Contact Phone Number	Fax	Email Address	
Name of Initiative/Event			
Description of Initiative/Event			
Date	Time	Location	
What is the purpose and goal of your initiative/event?			
Who will it benefit?			
How will you measure the success of your initiative or event?			
What is your budget for this event?	How many people do you think will attend?	How many volunteers will you have?	
What kind of support do you require from Paragon?			
<input type="checkbox"/> Prizes (Gift Certificates/Basket etc.) Value _____ <input type="checkbox"/> Financial (cash) Value _____			
Will Paragon be the exclusive retail pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you received support from Paragon in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what did you receive and from which location?		

- Requests under \$100 should be directed to the Store Manager of the Paragon location closest to your organization or your event. Please visit only one store with your request.
- Requests over \$100 should be mailed or faxed to: Paragon Pharmacies Corporate Office  
Sponsorship Committee  
8, 2604 Enterprise Way  
Kelowna BC, V1X 7Y5  
Fax: 250.868.8402

Thank you for your submission to Paragon Pharmacies