ARTIST NAME _____ _____
(first name) (last name)

ADDRESS _____

_____

PHONE _____

_____ No, I can't make it this year, but keep me on your list for next year.
_____ Yes, you can count on me for “PASTELS”--**October 3, 2009**--please select a sponsor for me.
_____ Yes, you can count on me for "PASTELS", I have spoken with and have agreed to do a square for:

_____ _____
Sponsor/Business (registration card <u>required</u> to confirm square) Name of Contact Person at Business

_____ _____
Sponsor’s Address **Mail to**: **PASTELS ON THE PLAZA** Business / Sponsor’s Phone Number
Northcoast Children's Services
P. O. Box 1165, Arcata, Ca 95518