



Name of Business / Sponsor: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Business Address: \_\_\_\_\_

I have chosen: \_\_\_\_\_ \$100 (approx. 3x3) \_\_\_\_\_ \$200 (approx. 3x6)

**If paid by Sept. 11<sup>th</sup>** \_\_\_\_\_ \$90      **If paid by Sept. 11<sup>th</sup>** \_\_\_\_\_ \$180

\_\_\_\_ Please provide an artist for my square.

\_\_\_\_ I am providing my artist; I have spoken with them and confirmed the date of **10-3-09**.

Artist's Name: \_\_\_\_\_

(first name)

(last name)

Artist's Address \_\_\_\_\_

Artist's Phone: \_\_\_\_\_

Check enclosed, **payable to Northcoast Children's Services**

\_\_\_\_ Please bill my business

**Mail to: PASTELS ON THE PLAZA**

Northcoast Children's Services

P.O. Box 1165, Arcata, CA 95518