

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

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

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

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

**If paid by Sept. 9<sup>th</sup>** \_\_\_\_\_ \$90 **If paid by Sept. 9<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 **10-1-2011**.

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  
Fax: 707-822-7962

