

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 1, 2011**--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 required to confirm square)

\_\_\_\_\_  
Name of Contact Person at Business

\_\_\_\_\_  
Sponsor's Address

\_\_\_\_\_  
Business / Sponsor's Phone Number

**Mail to:** **PASTELS ON THE PLAZA**  
Northcoast Children's Services  
P. O. Box 1165, Arcata, Ca 95518  
Fax: 707-822-7962