

ShareFest 2020 Partnering Organization Sign-Up Sheet

Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Organization E-mail _____ Phone _____

Owner/Manager Title and Name _____

ShareFest 2018 Contact Name _____

Contact Cell _____ Work _____

Contact E-Mail _____

“Yes, we wish to partner in ShareFest 2020.”

Please check all that apply:

- We will participate in ShareFest projects in the community.
- We are willing to help with planning and organizing responsibilities.
- We will financially support the event according to the ability of our organization. (Suggested minimum contribution is \$1 for each employee at your organization)