

SPONSOR APPLICATION

WEDNESDAY SEPTEMBER 19, 2018

TO APPEAR ON THE SPONSOR SIGN AND THE PARADE PROGRAM,

PLEASE RESPOND BY: AUGUST 20

Visit us online at www.solancofair.com

BUSINESS OR
ORGANIZATION NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY STATE ZIP: _____

PHONE: _____

EXT: _____

E-MAIL: _____

Yes, I would like to contribute for the Solanco Fair Parade

Enclosed is a check for \$25

PLEASE MAKE CHECK PAYABLE TO SOLANCO FAIR ASSOCIATION

I would like to support the Parade with a donation **greater than \$25**

Enclosed is a check for _____

***Gifts of \$100 or more will be noted on the
Parade Program with an **ASTERISK**.**

No, I am not able to contribute this year, but keep me on the mailing list for next year.

THANK YOU

PLEASE MAKE CHECK *PAYABLE TO SOLANCO FAIR ASSOCIATION*

PLEASE RESPOND BY AUGUST 20

PLEASE RETURN FORM AND CHECK TO: Solanco Fair Association
PO Box 4
Quarryville, PA 17566

Any question email: parade@southernlancasterchamber.com