Anah Shriners

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2017 ANAH 6th ANNUAL FEZTIVAL OF TREES
TREE SPONSOR APPLICATION

BUSINESS/ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

BUSINESS/ORGANIZATION CONTACT NAME:_____

ABOVE CONTACT PHONE NUMBER: _____

TREE THEME: _____

THE ABOVE INFORMATION MUST BE FILLED OUT COMPLETELY
SPONSOR PLEASE READ AND KEEP ATTACHED TREE RULES AND GUIDELINES

>>>>>>>>>>>>>>>>>>>>>ANAH OFFICE USE ONLY<<<<<<<<<<<<<<<<<<<<<

DATE RECEIVED IN OFFICE: _____ DATE POSTMARKED: _____

ASSIGNED TREE NUMBER: _____ CONFIRMED W/SPONSOR DATE: _____ BY: _____

NOBLE CONTACT INFORMATION: _____