

**Central Lakes Symphony Orchestra
Sponsorship Request Form**

Name/Organization: _____

Contact Person (if this is for an organization): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Amount of Sponsorship: _____

If this is a business, do you want an advertisement in our season program?

Yes _____ No _____

Please fill out and mail this form to:

Central Lakes Symphony Orchestra
P.O. Box 105
1210 Broadway Street, Suite 240
Alexandria MN 56308