

Northwestern Middle School

Business Partner Registration Form

Company Name

Business Phone

Address

City, State, Zip

Website: _____ **Email:** _____

Primary Contact

Name: _____ Cell: _____

Email: _____ Job. Title: _____

Secondary Contact

Name: _____ Cell: _____

Email: _____ Job. Title: _____

My level of partnership will be: *Platinum Gold Silver* (circle)

The monetary/material /service values that we will be donating are as follows and can be used for instructional materials, curriculum support items and or student/teacher recognition:

I understand this partnership is valid for the 2014-2015 school year and will begins this day of, _____ and ends on May 31st, 2015.

The Northwestern Business Partner program has been explained to me, and I fully understand the rules and terms of this partnership:

Business Partner: _____ Date: _____

School Business Partner Liaison: _____ Date: _____

School Principal: _____ Date: _____

Volunteer Career Day Speaker: Y N Check # _____ Amount _____