



Mr. Justin Makarewicz
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2021/2022 DAKOTA HIGH SCHOOL BANDS SPONSORSHIP PROGRAM

SPONSOR INFORMATION

Business Name: _____

Street Address: _____

City, State, Zip: _____

Contact Name: _____

Title: _____

Phone: _____

E-Mail Address: _____

Sponsorship Level: _____

Donation Amount or
Value of Donation if non-monetary: \$ _____

Description of non-monetary donation:

Payment made by:
_____ Check _____ Non-Monetary Donation
(Please make checks payable to: Dakota Bands)

*******INFO AS YOU WANT IT TO APPEAR in Programs, Website, etc...*******
(Depending on what level of sponsorship you choose)
PLEASE PRINT CLEARLY

Business Name: _____

Website: _____

Business Phone: _____

E-Mail Address: _____

Signature: _____

Date: _____

Please email questions, completed form and your Logo to fundraising.dhsbands@gmail.com



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