



# MacFarlane Park PTA Business Partnership Program

Name/Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

*Please describe your business or organization:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please indicate any PTA or school project, program or event that you would be interested in sponsoring:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Advertise in our MacFarlane Park Newsletter:**

**Advertising is offered for \$20 per month in our school newsletter.  
Monthly newsletter deadline is the 20th of every month.**

Return this application (along with a business card) to:

**MacFarlane Park PTA  
ATTN: Business Partnership  
1721 North MacDill Avenue  
Tampa, Florida 33607  
(813) 356-1760**