

2025 Partnership/Sponsor Interest Form

Company Name:	
Representative Name:	
Email:	Phone:
Brief Description of your produc	t/service:
What areas are you interested ir	n partnering?
Monthly Luncheon – GOLD	
Special Activity – SILVER	
Bingo and Tournament Ga	mes – BRONZE
Other:	
Submit this form and Julie Adkins,	partnering with the NRH Senior Center. Senior Center Supervisor will bein touch to discuss available opportunities.
Fo	r Office Use Only
Appt. email sent:	Meeting Scheduled:
Notes:	
Agreement sent:	Signed agreement received: