



Sponsorship Application for the month of:

February April June August October December

Business Name: _____

Contact Person: _____

Mailing Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Website: _____

If you are hosting at your facility, please give the physical address and parking directions: _____

**Please fill out this Application and send it with your non-refundable sponsorship payment to:
WMHBRA, P O Box 183, North Conway NH 03860**

Please submit at least 30 days in advance so that we can effectively promote your sponsorship.

**Email your logo and program description to us at:
info@whitemountainhomebuilders.com**



PROFESSIONALS COMMITTED TO EXCELLENCE

