



# Educational Business Partnership Agreement 2016-2017

Trinity Elementary \_\_\_\_\_  
**Name of School**

\_\_\_\_\_  
**Business/Organization**

Annette Sajecki \_\_\_\_\_  
**Contact Person**

\_\_\_\_\_  
**Contact Person**

(727)774-9902 \_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Phone Number & Email**

## 1. Benefits to the Partners:

School - \_\_\_\_\_  
\_\_\_\_\_

Business - We will display your business' name on our marquee, and in our monthly newsletter at the beginning of the year. We will contact you on opportunities to advertise your business with our families.

\_\_\_\_\_  
**Signature of Authorized  
Representative of School**

\_\_\_\_\_  
**Signature of Authorized  
Representative of Company**

PLEASE FAX FORM TO (727)774-9991 or  
MAIL TO 2209 DUCK SLOUGH BLVD. TRINITY, FL 34655

