

Office Use Only

TSF PARTNER FORM

Please submit your company's logo, or a picture that represents the business activities along with the TSF Partner Form.

1. What is the name of your business?

2. Business Address

Street City State Zip

Unit

3. When was the business established?

4. Provide a brief description of the resources/services your business provides.

5. Provide a brief biography of the business owner.

6. Provide your website and/or social media information

Website

Facebook

Twitter

Instagram

Other

7. Additional Information

8. Do you consent to TSF promoting your business, and associated events on TSF media platforms?

Yes

No

Name (Print)

Signature

Date