



Partnership Application

Thank you for applying to be a fundraiser or business partner with the Canyons School District. Everyone needs to fill out parts A, C, and E. Business partners will also fill out part D. Fundraisers will fill out the entire application. Please make sure to sign the application at the end.

A. Company/Vendor Name: _____

Chief Executive Officer: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Facsimile: _____

Web Address: _____

Please indicate whether this is an application for an initial or renewal registration

Initial Application Renewal Application

Type of Organization/Doing Business As: _____

Individual Partnership Proprietorship Corporation Joint Venture Other

Company Representative Name: _____ **Email Address:** _____

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Facsimile: _____

B. Program

Please describe in [X] characters how you would like to partner with Canyons School District or our schools. Include, if applicable, percentage back to schools/PTA, volunteer availability, in-kind or monetary, etc.:

C. References

Provide three (3) references of business contacts or other entities you have partnered with. Vendor must provide contact names and telephone numbers.

Organization	Contact Name	Telephone Number
1.		
2.		
3.		

D. Additional Information

- Attach to application marketing brochures, program information and documents related to the proposed fund-raiser program
- Business License Verification: Please provide a copy of business license or include the license number and the city/state in which the license was issued
- Has your organization partnered with any other school district or schools in the state (other than Canyons School District? Y N
 - If so, please list here: _____

E. By signing this application, vendor consultant/representative:

- Affirms that this application is complete and not misleading; and
- Acknowledges that contacting schools, administration, or district personnel will not commence until the organization/vendor representative has received a letter confirming approval status.

Applicant Signature: _____ Date: _____

Title: _____

Office Use Only

Date Issued: _____

BBB: _____

UDCP: _____

Contacted: _____

Approved: _____

Denied: _____

Renew Date: _____

**Return completed form to the Canyons Education Foundation:
 9361 South 300 East
 Sandy, UT 84070**

Or email to: donate@canyonsdistrict.org