BUSINESS PARTNERSHIP INFORMATION SHEET

SCHOOL _____

CAMPUS CONTACT PERSON _____

Please provide the following information:

1) Businesses who currently "partner" with your school and contributions they are making.

Name of Business Address Phone Number	Manager or Contact Person	Contribution(s)

2) Businesses who **NO LONGER PARTNER** with your school.

Name of Business Address Phone Number	Manager or Contact Person	Contribution(s)

3) Needs your campus has for business support. The needs may be for mentors, speakers, and sponsors for various projects. Please be as specific as possible.

Send electronic copy to Laura Lyons at Laura.Lyons@birdvilleschools.net to update district Business Partnership database.

12/6/2011