City of Crystal Lake

Blue Star Banner Program

Sponsorship Form



Name:_____

Company:_____

Title: _____

Address: _____

City:_____ State:_____Zip: _____

Telephone: (_____) _____

Email: _____

Amount: _____

Please return to: Crystal Lake Chamber of Commerce
427 W. Virginia St.
Crystal Lake, IL 60014
ATTN: Blue Star Banner Program

Please make checks payable to the Blue Star Banner Program.