

*At Hamilton we value our parents and appreciate how much they support our school. This form is offered as a way for the Hamilton Community to support each other. Please complete this form if you are a Hamilton parent and have a business that you would like to promote.*

**Type of Service Provided**

\_\_\_\_\_

Name of Business _____
Address (Street) _____
Address (City & Zip) _____
Phone (     ) _____ Lic. # (not required) _____
Website: _____
E-Mail _____
Contact Name _____
Please indicate any special offers you have for Hamilton parents: _____
_____

Please turn this form into the front office. You will be contacted within 5 days to review your information. This is to ensure that all information is legible and that only Hamilton parents are included.

For PTA Use Only	
Date Rec'd: _____	Comments:
Date Verified: _____	
Renewal Dates: _____	
_____	
_____	
_____	