2019 KINGS BEACH STREETLIGHT BANNER APPLICATION

APPLICATION DATI	E:			
BUSINESS/ ORGAN	IZATION NAME: _			
MAILING ADDRESS, CITY, STATE, ZIP:				
BUSINESS OR NON-	-PROFIT ORGANIZ <i>A</i>	ATION PHONE:		
APPLICANT FULL N	AME:		CELL PHONE:	
E-MAIL:				
DATE(S) OF EVENT,	/PROGRAM:			
NUMBER OF BANN Important! Must be	ERS REQUESTED e minimum of 6 ar	nd in even increments not to e	xceed 10 banners.	
REQUESTED INSTAL	LATION START DAT	E (CHOOSE FROM SCHEDULE	BELOW)	
		/End [ers for two or more 3-week period est will be handled on a case by c	Date// Is during non-summer months (October through April) case basis.	,
1 John John July 11 July 12 A 13 Se 14 C 15 C 16 N 17 D 17		9 9 19 9 19 9 19 9 19	nesday – Wednesday).	
following: Complete \$200.00 Ar or pay wit Banner ar file) and b	ed 2019 Kings Bead dministrative Fee (th credit card in pe twork including co	ch Street Light Banner Applica \$50 is non-refundable) payab erson or by phone (530) 546-90 ompleted or rough graphic de	le to NTBA (PO Box 1023, Kings Beach, CA 96143	
Applicant Signatur	re	Printed Name of Applicant	 Date	