

AWSC COMMERCIAL SPONSORSHIP FORM

Commercial Sponsor Program

Name of Business:	
Owner's First Name:	Last Name:
Spouse First Name:	Last Name:
Business (Physical) Address:	
City, State, Zip:	
Mailing Address (if different than above)	
Street Address:	
City, State, Zip:	
County where business is located:	
Business Category – please select the <u>one</u> th	at best describes your business:
AccommodationsFood/Drink/LodgingAutomotiveFuel/ConvenienceBank/Credit UnionGrocery/Food RelatedConstructionHardwareFood/DrinkInsurance	 Landscaping Sales/Service/Parts/Access Lodging Signage Organization Printing Real Estate
Business Website:	
Business Phone #(s):	
Please provide some descriptive information about number if located on trail, ample room for trailer p	It your business for the AWSC website (hours, specialties, trail parking, etc.):
Club Sponsor:	
	ub are eligible for the \$10 Trail Pass for personal snowmobiles, istered in Wisconsin, under business name require \$30 Trail Pass.) and other benefits.
	h a Club are NOT eligible for the \$10 Trail Pass for personal ne. Send completed form and check for \$50 to the AWSC.
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Questions? Call AWSC at 800-232-4108/608-846-5	5530 or email: awsc@awsc.org or stormyh@awsc.org
If you are not joining through a club mail form and	d check to: AWSC, 529 Trail Side Dr., Suite 200, De Forest, WI 53532