

Central Florida Hotel and Lodging Association 20203/2024 Adopt-A-School Program Partnership Agreement



<i>I</i> ,		of		, agree
	(PROPERTY/BUSINESS REPRESENTATIVE)		(PROPERTY/BUSINESS NAME)	

(NAME OF	SCHOOL)			(NAME C	F COUNTY)			
Property/Business Name: Address:			School Name:	School Name:				
			Address:					
City:	State: FL	Zip:	City: Orlando	State	: FL	Zip:		
Business Contact Name			Principal:	Principal:				
Position			Email Address:					
Telephone:	Fax		Partner in Educatio	Partner in Education Coordinator				
Email Address			Position					
Business Contact Na	me 2		Telephone:		Fax:			
By agreeing to particip 2023/2024 school year year. In accordance wi	. We will also send re	gular update	Email Address program, we shall support a es – with photos – regardi we will also formalize our p	ng our partner	ship throu	ighout the scho		
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