



**2012 HORICON CHAMBER OF COMMERCE
CHURCH APPLICATION**

CHURCH NAME _____

CONTACT NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

PUBLIC PHONE # _____ **CELL** _____

OTHER PHONE # _____ **FAX#** _____

WEBSITE _____

E-MAIL ADDRESS _____

BRIEF DESCRIPTION OF CHURCH MINISTRIES:

HOURS IN OFFICE: _____

Please mail and make checks payable to:

Date received _____
Certificate Sent _____
Enters in Data _____

**Horicon Chamber of Commerce
P.O. Box 23
Horicon WI 53032**

920-485-3200

WRITEUS@HORICONCHAMBER.COM

VISIT OUR FACEBOOK PAGE

PLEASE SEND US A LIST OF YOUR IMPORTANT EVENTS AND WE WILL POST THEM ON THE WEB AND FACEBOOK.