



**2012 HORICON CHAMBER OF COMMERCE
SCHOOL APPLICATION**

SCHOOL NAME _____

CONTACT NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

PUBLIC PHONE # _____ **CELL** _____

OTHER PHONE # _____ **FAX#** _____

WEBSITE _____

E-MAIL ADDRESS _____

BRIEF DESCRIPTION OF SCHOOL FUNCTIONS:

SCHOOL HOURS: _____

Please mail and make checks payable to:

Date received _____
Certificate Sent _____
Entered in Data _____

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