

A Taste of Autumn Participant/Sponsor Questionnaire

Company's Name: _____

Company's Location: _____

Company's Owner/Manager: _____

Sponsorship Level: _____

Name of Individual Completing Form: _____

Title of Individual Completing Form: _____

E-mail Address of Individual Completing Form: _____

Phone Number of Individual Completing Form: () _____

- What service does your company provide to the community?
- For what is your company best known?
- What one thing would you like the community to know about your company?
- Why has your company become involved in the Citrus College Foundation's *A Taste of Autumn*?
- How long has your company been involved with *A Taste of Autumn*?
- Why is this particular event a good match and/or investment for your company?
- Why do you feel that events like *A Taste of Autumn* are important?
- What do you hope to contribute to this year's *A Taste of Autumn*?
- What do you hope to gain from participating in this year's *A Taste of Autumn*?
- Is there anything else you would like to add?