

City of Crystal Lake  
**Blue Star Banner Program**  
Sponsorship Form



Name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Amount: \_\_\_\_\_

Please return to: Crystal Lake Chamber of Commerce  
427 W. Virginia St.  
Crystal Lake, IL 60014  
ATTN: Blue Star Banner Program  
***Please make checks payable to the Blue Star Banner Program.***