

2019 Marina at Play

Community Partnership Program Form

Please fill out form and return to The City of Marina Recreation and Cultural Services Department

Name of Business / Organization _____

Contact Name _____

Phone # _____

Email Contact _____

I will be joining you as a partner this year

- Full payment enclosed
 Payment Plan requested

Partner Levels:

- | | | | |
|--------------------------|-----------------|------------------|-----------|
| <input type="checkbox"/> | Entry Level | “Justice League” | \$300.00 |
| <input type="checkbox"/> | Second Level | “Fantastic 4” | \$600.00 |
| <input type="checkbox"/> | Team Level | “X Men” | \$1000.00 |
| <input type="checkbox"/> | Principle Level | “Avenger” | \$3000.00 |

To enhance our “Marina At Play” Program we would like to provide you with an Electronic copy of our Monthly Calendar and Spectator Newsletters

- Yes - Please do! No Thank you

Name: _____ Email: _____

Please enclose your check payable to: **City of Marina**

Mail to: The City of Marina
Recreation & Cultural Services Department
211 Hillcrest Avenue
Marina, CA 93933

Phone: (831)884-1288

Fax: (831) 384-9148

Email: mmock@cityofmarina.org