Name of Sponsor	
NAME OF SPONSOR	
	(INDIVIDUAL OR ORGANIZATION)
Mailing Address ————	
Particular control of the control of	(ZIP CODE)
	(PHONE-DAY)
CONTACT PERSON (NAME)	(Evening)
(EMAIL)	WILL ONLY BE USED TO CONTACT YOU
If Known,	REGARDING FESTIVAL OF TREES
Tree Size, Theme	
&/or Description	
With COURS of Street No. of section in New York Courses (New York Course)	

Please return this card no later than November 5. (Postmark date)