

# MARQUEE SIGN REQUEST FORM

Today's Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

## Details of the event:

Name of event \_\_\_\_\_

Date of event \_\_\_\_\_ Time of event \_\_\_\_\_ to \_\_\_\_\_

Other information:

**Your event will posted on our sign 1 week prior to event date.**

Fax to: (815) 467-5453

-or-

Mail to: Minooka Fire Protection District

Attn: Cindy-Sign ads

7901 E. Minooka Rd.

Minooka, Il 60447