



Jackson Revitalization Committee
 33 Broadway • Jackson, CA 95642
 (209) 223-1646

Shop Jackson Promotion

Business Name: _____

Mail Address Line #1: _____

Mail Address Line #2: _____

City: _____

State: _____

Zip: _____

Telephone No: _____

Fax No.: _____

E-Mail Address: (required) _____

Web Site Address: _____

Physical Location:

Address Line #1 _____

City: _____

State: _____

Description of Products/Services Offered:
 (General Statement about your business)
 (Use "Keywords" if possible)

Business Days of Operation: _____

Business Hours of Operation: _____

Description of Promotion Offered:

Days of Week that Promotion is Offered: _____

Hours of Day that Promotion is Offered: _____

Promotion Limitations: _____

Promotion Expiration (if desired) _____

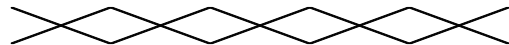
Name of Person Authorized to Make Offer: _____

Authorized Person's Capacity: _____

(owner, manager, etc)

Signature: _____

Make Check Payable to **Jackson Revitalization Committee:**



Payment Check for \$45.00

Enclosed: _____ Bill Me: _____

E-Mail Completed Form to: jrc@ci.jackson.ca.us

Fax Completed Form to: 209-223-3141

Or Mail to:

Jackson Revitalization Committee
33 Broadway
Jackson, CA 95642