PARTNERSHIP INFORMATION DOCUMENT

INFORMATION:

Organization:_____
Address:_____
Contact Person:_____
Contact Email:_____Contact Number:_____

PROJECT/EVENT DETAILS:

Project Type:_____Project Date:_____
Estimated Attendance:_____Estimated Labor Hours:_____
Please describe in detail what is requested from S.H.E. Squared:_____
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Please e-mail partnership request to shesquared713@gmail.com. One of the Directors will contact your organization once request is received.