



# AVENIDA GOOD NEIGHBOR PROGRAM APPLICATION FORM

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| Business/Organization Name |
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| Business/Organization Description (e.g., grocery store, movie theater, etc.) |
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|         |      |       |          |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

|              |                  |
|--------------|------------------|
| Phone Number | Business Website |
|--------------|------------------|

|                      |                       |
|----------------------|-----------------------|
| Primary Contact Name | Primary Contact Title |
|----------------------|-----------------------|

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|----------------------|-----------------------|
| Contact Phone Number | Contact Email Address |
|----------------------|-----------------------|

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| Promotional Discount/Offer (e.g., One free gallon of milk every Tuesday, 25% off weekday matinee showings, etc.) |
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| Terms & Conditions (e.g., Valid only at Main Street location, not combinable with other coupons or promotions, etc.) |
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