

SKIT Friends of the Theatre

Local Business Referrals

Please list names of local businesses that we may contact on your behalf. *Include only those businesses who know you by name.* This could include your: plumber, landscaper/lawn care, lawyer, CPA, autobody shop, auto mechanic, insurance agent, broker, vet, kennel, contractor, realtor, favorite restaurant, boutique, doctor, dentist, orthodontist, chiropractor, gym, club, pro shop, spa, dance studio, hairstylist/nail tech, pool company, etc. If multiple members of your family utilize a business or service, please indicate that on the comments line.

Cast Member _____ Referring Parent _____

Phone # _____ Email _____

Contact Name _____ Title _____

Business Name _____

Mailing Address _____

City, State, Zip _____ Phone # _____

Comments _____

Contact Name _____ Title _____

Business Name _____

Mailing Address _____

City, State, Zip _____ Phone # _____

Comments _____

Contact Name _____ Title _____

Business Name _____

Mailing Address _____

City, State, Zip _____ Phone # _____

Comments _____

Contact Name _____ Title _____

Business Name _____

Mailing Address _____

City, State, Zip _____ Phone # _____

Comments _____

SKIT has my permission to contact these businesses on my behalf, and sign my name on the letter addressed to the above contacts.

Signature _____ Date _____

Please mail, fax or email form to:

Valerie Koob, SKIT Friends of the Theatre, 273 Asbury West Portal Road, Asbury, NJ 08802
Phone: 908-238-3700 Fax: 908-238-3701 Email: Friends@showkids.org