



Partner Information Form

Name of Business: _____

Business Address: _____

Business Hours: Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____

Name of Business Owner: _____ Phone Number: _____

Youth Participant Supervisor: _____ Phone Number: _____

Individual responsible for payroll: _____ Phone Number: _____

Has this business partnered with LBDNH in the past? _____ YES _____ NO

Quantity of Participants: _____ Is a uniform required? _____

Uniform Requirement (list required Items):

Rate of Pay: _____ Is the business on the bus line: _____