



WBNH Day Sponsor Information Form

Date of Form Submission: ___ / ___ / ___

\$1400 Full Day Sponsor

\$700 Half Day Sponsor

Name or names of Day Sponsor: _____

Do you want your name to be read on the air? Yes No

Street Address: _____ E-mail Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (required): _____ Cell Number: _____

Date that you wish to sponsor: ___ / ___ / ___ Reserve this date for next year? Yes No

Occasion of Sponsorship: _____

Script that you want read on the air:

Correct Pronunciations: (if needed)
