**A Taste of Autumn**  
Participant/Sponsor Questionnaire

Company’s Name:  
Company’s Location:  
Company’s Owner/Manager:  
Sponsorship Level:  
Name of Individual Completing Form:  
Title of Individual Completing Form:  
E-mail Address of Individual Completing Form:  
Phone Number of Individual Completing Form: (          )

What service does your company provide to the community?

For what is your company best known?

What one thing would you like the community to know about your company?

Why has your company become involved in the Citrus College Foundation’s *A Taste of Autumn*?

How long has your company been involved with *A Taste of Autumn*?

Why is this particular event a good match and/or investment for your company?

Why do you feel that events like *A Taste of Autumn* are important?

What do you hope to contribute to this year’s *A Taste of Autumn*?

What do you hope to gain from participating in this year’s *A Taste of Autumn*?

Is there anything else you would like to add?