



AGREEMENT

_____ and _____
Company Name School

_____, on behalf of _____, and _____ enter into this agreement on _____ to provide assistance, support, and services to one another and to enhance the education of the students at.

_____ agrees to support _____ with volunteer time and/or contributions to the following programs:

Additionally, _____, on occasion, can offer a new program of its own invention to _____. _____ may, from time to time, have additional requests that _____ will individually review and consider.

_____ agrees to support _____ by recognizing them in the following ways:

_____ agrees to support _____ by recognizing them in the following ways:

This agreement will automatically renew each year for no more than three-years. However, either party may end the agreement at anytime by contacting the Chamber of Commerce at 770-345-0400. The agreement will be reviewed annually. Official "Partners In Education" business agrees to remain a member in good standing of the Cherokee County Chamber of Commerce.

The _____ representative for the current school year is Amanda Stewart _____ and the _____ representative for the current school year is _____. If either of these change, please contact the Chamber of Commerce at 770-345-0400.

We would like to request that an official "Partners In Education Certificate" be sent to our school and partner business (Please check yes or no).

☐ YES
☐ NO

- Please Sign Next Page -

P.O. Box 4998 • 3605 Marietta Highway • Canton, GA 30114
Phone 770.345.0400 • Fax 770.345.0030
Info@CherokeeChamber.com • www.CherokeeChamber.com

Company Representative

(Title)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

X _____
Signature

Date _____

Amanda Stewart

School Representative

Ball Ground STEM Academy, Assistant Prin

(Title)

Address: **321 Valley Street**

City: **Ball Ground** State: **GA** Zip: **30107**

Telephone Number: **770-721-5900**

Email Address: **amanda.stewart@cherookeek12.net**

X **Amanda Stewart**
Signature

Date _____

After completing page one of the application and acquiring the above signatures, please submit the form to the Cherokee County School District, P.O. Box 769, Canton, GA, 30169 for District Approval. Once approved by CCSD, the district will forward the agreement on to the Cherokee County Chamber of Commerce, P.O. Box 4998, Canton, GA 30114.

SCHOOL DISTRICT APPROVAL

Barbara P. Jacoby
Chief Communications Officer
Cherokee County School District

X _____
Signature

Date _____

CHAMBER OF COMMERCE APPROVAL

Christin Becker
Programs Manager
Cherokee County Chamber of Commerce

X _____
Signature

Date _____