



Business Partner Application for Cape Coral Preparatory and Fitness Academy PTO

School Year 20_____ - 20_____

Proposed Business Partner: _____

Business Type / Description _____

Address _____

City / State / Zip _____

Business Representative _____

Representative Title _____

Donation / Service _____

The Cape Coral Preparatory and Fitness Academy and its PTO reserve the right to approve or decline any application for inclusion as a Business Partner.

The Cape Coral Preparatory and Fitness Academy and its PTO also reserve the right to remove Business Members if their business practices are not family friendly and / or do not benefit the students and community served by The Cape Coral Preparatory and Fitness Academy.

Business Partner Representative

Printed Name

Date

For School / PTO use only

Approve / Decline _____ - School Representative - Date _____

_____ - School Representative Printed Name

Approve / Decline _____ - PTO Representative - Date _____

_____ - PTO Representative Printed Name