

Great Bend Promotional Bags Request Form

Contact Name:				
Agency:				
Address/City/State/Zip:_				
Email:				
Phone:	Number of Bags Rec	_ Number of Bags Requested: Date Needed:		
□Please deliver on:		will pick up	pick up on this date:	
to this address:				
Billboard/Social Media W	veicome message:			
Office	Use Only	Specia	Requests or Notes:	
Approved by Director: _				
Date:		_		
Filed By: Da		_		