Silver SPRUCE Academy

Collaborator Contact Form



Collaborator Information			Date of Collaboration							
rganizatic	on:	Co	ontact Name:							
ddress:	Street (and PO Box)		City	State	 Zip					
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none:()	ext: () Email:							
	Please list all items, tin	າe, and space use ເ	donated by collaborator o	on the back of this form	ı .					
on Dortion for	SPRLICE Representative									

 $Bottom\ Portion\ to\ Keep\ for\ Your\ Records.$

Silver SPRUCE Academy, Inc.

silverspruceacademy.org Mailing Address:PO Box 966, Bayfield CO, 81122
970.759.3415



Thank you so much for accommodating Silver SPRUCE Academy today. We greatly appreciate being able to use you as a resource for our Classes/Educational Events. Please find our EIN# below if you need it for tax purposes. We would love to collaborate with you again in the future.

EIN# 46-3555425

Description	Facility Use	Equip/Supply Use	Supplies	Food	Labor (Hrs) Do Not add to total value	Labor Value Hrs x \$15	Curriculum	Value Total
Ex: General Guidelines	50			10	4	60		\$120
Office Use Only:	ntacts		Donati	ions	Tha	nk You	Sur	vey