



Central Florida Hotel and Lodging Association 2022/2023 Adopt-A-School Program Partnership Agreement



I, _____ of _____, Agree
(PROPERTY/BUSINESS REPRESENTATIVE) (PROPERTY/BUSINESS NAME)

TO PARTICIPATE IN THE 2022/2023 CFHLA ADOPT-A-SCHOOL PROGRAM, PARTNERING WITH

| | | | | | |
|---------------------------------|-----------|------|----------------------------------|-----------|------|
| <small>(NAME OF SCHOOL)</small> | | | <small>(NAME OF COUNTY)</small> | | |
| Property/Business Name: | | | School Name: | | |
| Address: | | | Address: | | |
| City: | State: FL | Zip: | City: Orlando | State: FL | Zip: |
| Business Contact Name | | | Principal: | | |
| Position | | | Email Address: | | |
| Telephone: | Fax | | Partner in Education Coordinator | | |
| Email Address | | | Position | | |
| Business Contact Name 2 | | | Telephone: | Fax: | |
| Email Address | | | Email Address | | |

By agreeing to participate in the CFHLA Adopt-A-School program, we shall support a minimum of 3 projects during the 2022/2023 school year. We will also send regular updates – **with photos** – regarding our partnership throughout the school year. In accordance with the school system regulations, we will also formalize our partnership with the school district.

| | |
|-----------------------------------|--|
| Partnership Activity 1 | |
| Partnership Activity 2 | |
| Partnership Activity 3 | |
| Partnership Activity 4 (optional) | |

This agreement is a non-binding expression of the desire of the school system and business partners to cooperate for the benefit of public education. It is not a legally enforceable agreement and may be terminated by either party at any time, without notice, cause, or liability. Individuals associated with a Public School's business partnership program must comply with the school board's volunteer policies and procedures and may be subject to a criminal background check. For your information, the Jessica Lunsford Act does not apply to this program.



Property/Business Coordinator Signature

_____ Date _____

School Coordinator Signature

_____ Date _____