

St. Cloud Regional Airport
Commercial Air Service Pledge Form

Pledge Form:

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Top Air Travel Destinations: _____

Estimated Annual Airfare Spend for You/Your Organization: \$_____.00

I/My company pledges \$_____.00 to the St. Cloud Regional Airport air service initiative. Pledges are for the STC-ORD leg of airline tickets.

This statement of intent is non-binding. Cooperative ticket purchase contract amounts will be determined when operations, ticket prices, and terms are finalized.

Signature: _____

Today's Date: _____

Questions You Have About the Service: _____

Suggestions You for the Service: _____

Referrals of Friends or Colleagues to this Survey and this Service: _____

For more information contact:
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