**ADOPT-A-ROOM PROGRAM DESIGN PLAN**

ROOM: SPONSOR DONATION:

NAME:

PHONE NUMBER: E-MAIL:

SKETCH:

COLOR SCHEME:

DESIGN CONCEPT:

EQUIPMENT SPECIFICATIONS:

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Approval

Executive Director HOBII\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit application to:

 Home of the Brave, 6632 Sharps Rd, Milford, DE 19963 or jfinan@homeofthebravefdn.org