



**SkillsUSA South Carolina
Partnership Request Form
2023-2024**

Partner Information

Business / Company Name: _____

Address: _____

City, State, Zip: _____

Main Phone Number: _____

Partner Contact

Name of Contact: _____

Email: _____

Phone Number: _____

Partnership Package Chosen: _____

Notes / Additional Information:

Payment – mail checks to:

**SC SkillsUSA
Attn: Kimberly Jones, Finance Director
404 Chestnut Woods Court
Greer, SC 29651**

Needed Material

**Partner contact will be notified of
any needed items, such as logo
format, etc. for recognition**