



City of West Covina – Small Business Saturday 2025 Participation Form

Contact Information

Name: _____

Business Name: _____

Business Address: _____

Phone Number: _____ **Cell:** _____

Contact Person: _____ **Title:** _____

Email Address _____

Please provide the best contact information

Social Media Handle (if any):

Instagram: _____ Facebook: _____

Twitter/X: _____

Participation Type (Check all that applies): Promotion Video*

Promotion Details

Type of promotion: _____
Please be specific: Raffle, competition, giveaways, etc.

Provide details of promotion (if any):

***Video content requirement:**

- Content must be about your promotion for Small Business Saturday
- Conform to City's Advertising and Sponsorship Policy
- 15 seconds long
- Share using Google Drive or WeTransfer. Email to info@westcovinachamber.org

*Video must be submitted by **Wednesday, November 19, 2025**, for review by staff. The video will only be published if staff deems the video appropriate.*

After completion, email this form to: Gerardo Rojas at grojas@westcovina.org