



ASSOCIATE/SPONSOR FORM

DATE: _____

NAME/BUSINESS: _____

CONTACT PERSON: _____

ADDRESS: _____

WEBSITE/URL: _____

BUSINESS DISCRIPTION: _____

DONATION AMOUNT: \$ _____

GUIDE/REPRESENTATIVE: _____ Renewal date: _____

Sponsors receipt

Donation Amount _____

DATE: _____

Renewal date: _____