

JR. KSHA SPRING FLING

SPONSORSHIP FORM

NAME: _____

PHONE: _____

ADDRESS: _____

TOTAL NUMBER OF FULL SPONSORSHIPS: _____ **AT \$20.00 EACH** _____

TOTAL NUMBER OF PARTIAL SPONSORSHIPS: _____ **AT \$15.00 EACH** _____

NAME OF CLASSES YOU WOULD LIKE TO SPONSOR: _____

Send to Carla Gregg, 8605 SW Tawakoni Rd., Augusta, KS 67010