

Form B – Adult Sponsor Information

Photocopy form as additional space is needed.

Female Sponsor Information

Adult Sponsor Name _____ Dr. _____ Mrs. _____ Miss. _____
 Home Address _____ Birthdate (mo/day) _____
 City _____ State/Province: _____ Zip _____
 Country _____
 Home Phone _____ Cell Phone _____
 T-Shirt Size _____ S _____ M _____ L _____ XL _____ XXL _____ XXXL

Names of the female students

1. _____ 6. _____
 2. _____ 7. _____
 3. _____ 8. _____
 4. _____ 9. _____
 5. _____ 10. _____

Male Sponsor Information

Adult Sponsor Name _____ Dr. _____ Mrs. _____ Miss. _____
 Home Address _____ Birthdate (mo/day) _____
 City _____ State/Province: _____ Zip _____
 Country _____
 Home Phone _____ Cell Phone _____
 T-Shirt Size _____ S _____ M _____ L _____ XL _____ XXL _____ XXXL

Names of the male students

1. _____ 6. _____
 2. _____ 7. _____
 3. _____ 8. _____
 4. _____ 9. _____
 5. _____ 10. _____