



Class Sponsorship Form

We would love to sponsor NABC 9

Company Name:
Contact:
Address:
Telephone #:
Email:

Class Sponsorship:

- **Class to be Sponsored:**

- **Sponsorship Amount:** _____

Note: If you are uncertain of the class sponsorship amount, please contact a committee member or confirm on the class sponsorship list on the NABC 9 website

Payment Details:

Cheque enclosed: Payable to NABC 9 _____

Please indicate if you will be making payments, Paid in full: _____

2 payments: _____ 3 payments: _____

Please return this sponsorship form completed and signed along with your payment to Robert McArthur, 6848 County Road 9 Stayner, On L0M1S0

Thank you very much for your support.

Signature _____ Date _____