



# Sponsor Listings



Last 6 digits of SSN # \_\_\_\_\_ Comp # \_\_\_\_\_ Region \_\_\_\_\_

Name \_\_\_\_\_

Check all that apply: CCS: \_\_\_\_\_ ASRA: \_\_\_\_\_ TC: \_\_\_\_\_

List your sponsors in the order in which you would like them to appear on the results. We may have to make adjustments to allow them to fit in the computer space available.

Only list the companies or individuals that are actually providing financial aid. If you give sponsor exposure away, it lowers the value to everyone who participates.

- |           |           |
|-----------|-----------|
| 1. _____  | 2. _____  |
| 3. _____  | 4. _____  |
| 5. _____  | 6. _____  |
| 7. _____  | 8. _____  |
| 9. _____  | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | 16. _____ |
| 17. _____ | 18. _____ |

Please return the completed form to registration before 9:00 am for entry into the computer.