



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 on the day of your race for entry into the computer.