



Sponsor Listings



Last 6 digits of SSN # _____ Comp # _____ Region _____

Name _____

Check all that apply: CCS: _____ ASRA: _____ TC: _____

This is a complete update: _____ These are additions: _____.

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.