

Connecticut Scuba Academy Partner Agreement Form

Name

First Name

Last Name

Email *

example@example.com

Profession/Title *

Nonprofit Organization/ Company *

Are you interested in volunteering for or partnering with CTSA programs? If so, please specify interests. *

- Provide meal or snacks
- Adopt a Student (financially sponsor High School Student)
- Education Supplies (purchase or donate codes for school program)
- Assist with pool courses
- Assist with Open water courses
- Assist with courses Confined & Open water Teach
- Chaperon expeditions and trips
- Other
-

Are you interested in becoming a organization partner, sponsor or member of CTSA? If so, please specify interests. *

- Sponsor (sponsor events or program)
- Member (become an Academy volunteer)
- Organization partner (Other nonprofit/School colaberation)
- No
-



Would you like your name and company to be noted on the CTSA's public endorsement list? *

- Yes
- Not at this time

If answered yes above, how would you like to appear on the CTSA endorsement list? *

- Partner (You will be contacted by someone on the CTSA team)
- Signee
- Sponsor

How did you hear about CTSA?

Please Write here scheduled events/programs we are working together this 2024

Please place here programs that we have confirm.

	YES	NO	INITIALS
You are a Organization/Company authorized representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
You are a authorized to take decisions for the organization/Company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
You agree that your Organization/Company will assist at Event/Programs scheduled by you in 2024?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Submit