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STUDENT SPONSORSHIP FORM

STUDENT NAME	Date
STUDENT PHONE #	
Chorgon Mang	Dum
SPONSOR NAME	Date
SPONSOR ADDRESS	SPONSOR EMAIL
CITY, STATE, ZIP	SPONSOR PHONE #
MONTHLY COMMITMENT AMOUNT	FORM OF PAYMENT
BY SIGNING BELOW, YOU ARE COMMITTING TO PAY THE AM THAT THE STUDENT NAMED ABOVE REMAINS IN THE ADO CENTER (ATCSMC) PROGRAM. IF THE STUDENT NAMED PROGRAM, YOUR COMMITMENT WILL BE TERM	ULT & TEEN CHALLENGE OF THE SMOKIES MEN'S DABOVE DOES NOT SUCCESSFULLY COMPLETE THE MINATED ON THEIR DAY OF DISCHARGE.
IN THE EVENT THAT YOU UNABLE TO CONTINUE SPONSORIN THEY ARE IN THE ATCSMC PROGRAM, PLE	
THANK YOU FOR YOUR SUPPORT.	
STUDENT SIGNATURE	SPONSOR SIGNATURE