



Member Sponsorship Form

Sponsor Name: _____
(Individual, School, Business, In Memory Of....)

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone Number: _____

Email: _____

Sponsors Website: _____

Contestant(s) Being Sponsored:

Single member: \$80.00 Family: \$100.00

Amount Donated: _____ Date paid: _____

Cash or Check # _____ Officers initials _____

Thank You For Your Confidence in the JDRC!