

YEAR END SPONSORSHIP FORM

Youth Member: _____

Name of Sponsor (if applicable):		
Address of Sponsor (if applicable):		
Amount Sponsored: \$		
Check #	Cash \$	
Form must be filled out completely	to receive credit.	
Youth must turn in a minimum of \$ received by October 1 st of current y	·	Sponsorship form must be
	Return To:	
Due by	October 1st of current	year
	Return To Jan Guynn	
	RMQHA Office	
	22 S. 4 th Ave, Ste 306	
	Brighton, CO 80601 303-659-7752	
office@	rmqha.com AND guynntrain	ning@gmail.com
Date received:	Posted:	