

SPONSOR FORM. PLEASE PRINT CLEARLY.

CLIMBER
NAME

SURNAME

FIRST

	SPONSOR NAME	ADDRESS	AWA MEMBER	CITY	PROV.	POSTAL CODE	PHONE	AMOUNT
1								\$100 \$50 \$30 Other: \$
2								\$100 \$50 \$30 Other: \$
3								\$100 \$50 \$30 Other: \$
4								\$100 \$50 \$30 Other: \$
5								\$100 \$50 \$30 Other: \$
6								\$100 \$50 \$30 Other: \$
7								\$100 \$50 \$30 Other: \$
8								\$100 \$50 \$30 Other: \$
9								\$100 \$50 \$30 Other: \$
10								\$100 \$50 \$30 Other: \$
11								\$100 \$50 \$30 Other: \$
12								\$100 \$50 \$30 Other: \$
13								\$100 \$50 \$30 Other: \$
14								\$100 \$50 \$30 Other: \$
15								\$100 \$50 \$30 Other: \$
16								\$100 \$50 \$30 Other: \$
17								\$100 \$50 \$30 Other: \$
18								\$100 \$50 \$30 Other: \$
19								\$100 \$50 \$30 Other: \$
20								\$100 \$50 \$30 Other: \$
21								\$100 \$50 \$30 Other: \$
22								\$100 \$50 \$30 Other: \$
23								\$100 \$50 \$30 Other: \$

Photocopy this sheet for additional sponsors or your records.

TOTAL SPONSOR PLEDGES