

Divine Mercy Family Foundation

www.divinemeracyfamily.org

Sponsor Form

Look Good Feel Good Scholarship Challenge

Personal Information

Vendor/Sponsor /Business Name: _____

Contact Person: _____

Street Address: _____

City _____ State _____ Zip Code _____

Email in print _____

Day Phone: _____ Cell Phone _____

Sponsorship Level _____ Amount \$ _____

Classifications

Provide detailed information of your merchandise _____

Sponsor must provide information, logo and business name.

I HAVE READ THE ABOVE INSTRUCTIONS AND BY SIGNING BELOW AGREE THAT THERE WILL BE NO REFUNDS. I HEREBY RELEASE AND FOREVER DISCHARGE the Divine Mercy Family Foundation, THEIR AGENTS AND REPRESENTATIVES FROM ANY LIABILITY, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE in reference to merchandise & services

Printed Name: _____

Signature: _____

Coordinator's Signature: _____