

## **SEAT SPONSORSHIP FORM**

Dono	Donor Name																			
Address							Phone													
City								StateZip												
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(Up to 3 lines, max 20 characters per line, including spaces. All text will be centered within the plaques):																				
# of Seats						_ X \$2	X \$200 =Total P								Paym	ent				
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Notes:																				
<ul> <li>Applications with objectionable wording will be returned.</li> </ul>																				
<ul> <li>Please use proper names.</li> <li>Please understand that this sponsorship does not guarantee seat location. At the end of the</li> </ul>																				
							•				_							house		
		-	s Offi																	
•	Th	is sea	ıt is sp	oonsc	red.	This	seat is	not {	guara	nteed	d avai	lable	for yo	our us	e for	Spani	ish Tr	ail		
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