

WHISPERING HILLS COUNTRY MUSIC SPONSORSHIP APPROVAL

SUBMIT ALL APPLICATIONS (revised 2017) TO: MARY OLSON : SPONSORSHIP CHAIR. #305-4709-47TH ST.
ATHABASCA AB T9S1R2 PHONE 780-675-5516 E-MAIL mo305et@telus.net

APPLICATION FOR SPONSORSHIP FUNDS

NAME _____ (print)

ADDRESS _____ CITY _____ POSTAL CODE _____

PHONE _____ e-MAIL _____

NAME and address(if different than above) of PARENTS _____

MUSICAL EXPERIENCE _____ AGE _____

RECOMMENDED, NOMINATED, AND /OR SUPPORTED BY (should be a music teacher,
school teacher, choir leader, member of a band e.g. -Not a relative. You must have
their permission to use their name.

NAME of person nominating you _____ (print) SIGNATURE _____

of person nominating you _____

ADDRESS _____ CITY _____ POSTAL CODE _____

PHONE _____ e-MAIL _____

WHAT IS THE NAME OF THE MUSIC CAMP YOU PLAN TO ATTEND? _____

ADDRESS _____ CITY _____ POSTAL CODE _____

DATE OF CAMP (THIS IS VIP) _____ (APPLICATION MUST BE
RECEIVED 30 DAYS BEFORE START OF CAMP)

(If your application is approved the money will be sent directly to the camp.)

DATE RECEIVED _____ APPROVAL DATE _____

Approved at an AGM (2017) by the Whispering Hills Country Music Association Cert.# 50326951.

SIGNED: SPONSORSHIP CHAIR :MARY OLSON WHCMA (with signing authority)