



AGREEMENT WITH SPONSOR

SPONSOR	Name	
	Mobile Phone	Alternate Phone
	Mailing Address	
	Email	

PARTICIPANT(S)	Individual(s) you hope to sponsor for the upcoming <i>Inspire!</i> Weekend
	Please list any known special needs or challenges of any Participant you are sponsoring. These could include, for example, diet, medicine, medical treatment, activity risk, emotional condition, or physical accessibility. Add a separate page if necessary.
	THIS INFORMATION SHALL REMAIN CONFIDENTIAL.

SPONSOR'S COVENANTS	As a Sponsor for the <i>Inspire!</i> Weekend, 1. I shall explain to any potential Participant what the <i>Inspire!</i> Weekend is all about. 2. I shall obtain signatures on the Application (along with Parent/Guardian signatures if Participant is under 18). 3. I acknowledge that the deposit is non-refundable one week prior to event, but it may be credited to the cost of another <i>Inspire!</i> Weekend at the discretion of Leadership Table, Inc. 4. I shall support the <i>Inspire!</i> Weekend event by transporting the assigned participant to and from the event, and through my attendance of certain weekend assemblies as requested.
	_____ SPONSOR'S SIGNATURE
	_____ NAME (PRINTED) _____ DATE SIGNED

Cost \$150 for each Participant, of which the Participant should pay at least \$25.
 *Separate scholarship application available upon request of Registrar.

Deadline Application and \$75 Deposit must be received ten (10) days prior to event.
 Balance due by _____, _____.

Payable to Leadership Table, Inc.

Mail to REGISTRAR, Leadership Table, Inc., PO Box 1089, Trenton, GA 30752