

**Washington State Jr. High/High School  
2019-2020 Sponsorship Form**

**Donor/Business:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Donor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Jr. High/High School Member Name:** \_\_\_\_\_

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**Donor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Jr. High/High School Member:** \_\_\_\_\_

