

Please fill out and fax this form to the SCARS Institute 1-480-705-0355.

Application for Sponsorship for the Knights of SCARS event held on:

April 18-20 2008

Name:

First _____ Last _____

Address:

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City _____ State _____

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Contact:

Phone (day) _____ (night) _____

Email _____

In order to receive a sponsorship into this course you must state which video products you have purchased from the SCARS Institute.

Product 1: _____

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