

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:

**October 17-19 2008**

Name:

First \_\_\_\_\_ Last \_\_\_\_\_

Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Area Code \_\_\_\_\_

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: \_\_\_\_\_

Product 2: \_\_\_\_\_

Product 3: \_\_\_\_\_

Product 4: \_\_\_\_\_

Product 5: \_\_\_\_\_

Product 6: \_\_\_\_\_

Product 7: \_\_\_\_\_