

SPONSOR APPLICATION FORM

(Please ✓ the appropriate boxes)

Name:		<input type="checkbox"/> I am over 21	<input type="checkbox"/> Male	<input type="checkbox"/> Female
School/Homeschool:		Cust. Code:		
Mobile Phone:				

I have submitted a Judge's Application I have submitted an Application for Scripture Award

 GOLDEN APPLE CHRISTIAN SOLDIER GOLDEN HARP CHRISTIAN WORKER GOLDEN LAMB SILVER APPLE

Please tick ✓ these boxes to indicate your understanding and acceptance of your responsibilities.

I have read the SPONSORS information page and agree to abide by and support these standards.

I hereby accept responsibility for the supervision of the named student(s) and will ensure that my student(s) abide by the Convention Guidelines at all times during this Convention.

Schools (and Homeschoolers sponsoring students outside of their own family) must have written permission for medical treatment for each student signed by the student's parent(s). Relevant medical information must be obtained in regard to medical conditions, medication, and allergies, and brought to Student Convention by the sponsor(s) or school's First Aid officer. SCEE accepts no responsibility for First Aid for students or sponsors.

I have obtained the relevant medical information for the student(s) I am sponsoring, and have it at Student Convention, either in my possession or in the possession of my school's First Aid Officer.

First Aid Officer:	
Principal's Name*:	
Principal's signature*:	Date:

**Please complete if you are attending as part of a school group*

I understand that I am responsible for the medical care of the student(s) that I am sponsoring, and have any prescription medications that my student(s) may require.

Signature:		Date:	
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Please list the name(s) of the student(s) that you will be sponsoring in the allocated space on the reverse side of this page.



SPONSOR APPLICATION FORM Cont.

Sponsor's Name:

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Please list the full name/s of the student(s) from your school/family for whom you are responsible:

M/F	Full Name	Age

Please list the full name/s of the student(s) from other schools for whom you are responsible:

M/F	Full Name	School	Age

Please list the full names of non-competing children for whom you are responsible:

M/F	Full Name	School	Age

Additional Adults:

Please list the full names of any adults attending with your group who are not sponsors.

M/F	Full Name	School

