

LIGA SPONSORSHIP REQUEST

I would like to apply for sponsorship:

For trip cost	\$ _____	Up to \$200
For lodging	\$ _____	Up to \$50
For other	\$ _____	Describe: _____

Date of Clinic Trip _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE Home _____ Work _____

EMPLOYER _____

OCCUPATION _____

Reason for Request: (Must be completed)

How or from whom did you hear about Liga _____

SIGNATURE _____

DATE _____

The above individual has been approved for sponsorship in the amount of \$ _____

for the clinic trip on _____

Approved by _____