

# SOUL Camp

## Community Partnership & Sponsorship Form

Individual/Business Name: \_\_\_\_\_

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

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

Contact Person(s) \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Corporate Sponsorship Amount**

