



KENT PARKS, RECREATION AND COMMUNITY SERVICES 2019 Summer Sleepaway Camp SPONSORSHIP FORM



NAME OF SPONSOR _____

ADDRESS _____

PHONE _____

KEY CONTACT PERSON _____

AMOUNT SPONSORED _____

Payments are accepted through the Kent Parks, Recreation and Community Services



Address: Kent Parks Youth & Teen Programs
525 Fourth Avenue North
Kent WA 98032
phone: 253-856-5030
fax: 253-856-6030

I would prefer to pay in the following way:

- Check/Money Order, please make checks payable to "KENT PARKS". Check # _____
- Credit Card, please fill out card holder information below:

Cardholder's Signature

Thank you for supporting the Kent Parks Summer Sleepaway Camp, your copy of this form, with approved, completed payment is your receipt of your tax-deductible donation.

	(Please indicate card and number)	
Card No. _____	Expiration _____	
_____ Please print name as it appears on the card.		