



SPONSHORSHIP

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Name: _____
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[CMTC does not sale or release confidential/personal information.]

Type of Sponsorship (Please check one)

Individual _____
Corporate _____

Frequency of Sponsorship (Please check one)

A one-time donation of \$ _____
A monthly contribution of \$ _____
For the *2006 RMMG \$ _____

*Minimum \$50.00 includes program listing.

Please print this page and complete this form.

Send your check or money order
(absolutely no cash) payable to:

Colorado Masters Track Club
P. O. Box 473366
Aurora, Colorado 80047

Note: In order to provide a prompt and accurate receipt of your contribution,
please verify that all of the above information is correct prior to mailing.

Thank you very much for your contribution!



AN AFFILIATE OF THE DENVER TRACK CLUB