

1700 Hanover Ave
Allentown PA 18109

(610)997.3780



Sponsor Registration Form

Name _____

Organization Name _____

Street Address _____

City _____ State ____ Zip Code _____

Work Phone _____ Alternate Phone _____

Email (please print) _____

Yearly: _____ Monthly: _____ One time: _____

\$1000 ____ \$500 ____ \$250 ____ \$100 ____ \$50 ____ Other ____

VISA/MC _____ Exp: _____ CCID: _____