

# Authorization of Sponsorship Form

I, \_\_\_\_\_, (parent or guardian) of  
\_\_\_\_\_ authorize  
\_\_\_\_\_, who will be at the 2018 CBCM Retreat  
from 5/26/2018 through 5/28/2018 at James Madison University, as the sponsor of my  
child named above.

Parent or grandparent Signature \_\_\_\_\_

Date \_\_\_\_\_

Sponsor Signature \_\_\_\_\_

Date \_\_\_\_\_