Authorization of Sponsorship Form

I, _____, (parent or guardian) of

_____ authorize

_____ , who will be at the 2025 CBCM Retreat

from 5/24/2025 through 5/26/2025 at Haverford College, as the sponsor of my child

named above.

Parent or grandparent Signature _____

Date _____

Sponsor Signature _____

Date _____