

Authorization of Sponsorship Form

I, _____, (parent or guardian)
of _____ authorize _____,
who will be at the 2019 CBCM Retreat from 5/25/2019 through 5/27/2019 at James
Madison University, as the sponsor of my child named above.

All parents or guardian Signature _____

Date _____

Sponsor Signature _____

Date _____