



CLA Business Sponsor Registration Form

First Name _____

Last Name _____

Address _____

City/State/
Zip _____

Home Phone _____ Cell Phone _____

Email _____

Enclosed is my check of: _____

I would like:

My business logo included: email to crmccandless@christianlifeacademy.org

My business name displayed as: _____

Will be sending or dropping off marketing materials

2 tickets included for myself or staff

Please make checks, corporate matches, and other donations payable to:

Christian Life Academy 3973 PA-257 Seneca PA 16346

Organization
Name _____

Address /
Contact
Person _____