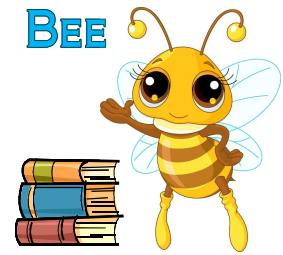


ADULT SPELLING

BEE



Donation Form

Three ways you can help:

1	Register a team of two or three members <u>on the back</u> of this form – \$300 registration fee				
2	Provide a gift donation for the silent auction or raffle <i>(complete below and return with your donation).</i> Describe item(s) _____ _____ Value of Item(s) \$ _____				
3	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><u>Amount</u></td> <td> <input type="checkbox"/> \$300 Team Registration Fee <input type="checkbox"/> \$1,500 Gold <input type="checkbox"/> \$1,000 Silver <input type="checkbox"/> \$500 Bronze <input type="checkbox"/> \$150 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> Other: \$ _____ </td> </tr> <tr> <td><u>Payment</u></td> <td> <input type="checkbox"/> Cash <input type="checkbox"/> Check – Payable to: LCCBC <input type="checkbox"/> Credit Card <i>(complete card information below)</i> <input type="checkbox"/> PayPal go to www.ClermontBrownLiteracy.org, click on Donate on the top line. You do not need a PayPal account to use this option. </td> </tr> </table>	<u>Amount</u>	<input type="checkbox"/> \$300 Team Registration Fee <input type="checkbox"/> \$1,500 Gold <input type="checkbox"/> \$1,000 Silver <input type="checkbox"/> \$500 Bronze <input type="checkbox"/> \$150 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> Other: \$ _____	<u>Payment</u>	<input type="checkbox"/> Cash <input type="checkbox"/> Check – Payable to: LCCBC <input type="checkbox"/> Credit Card <i>(complete card information below)</i> <input type="checkbox"/> PayPal go to www.ClermontBrownLiteracy.org , click on Donate on the top line. You do not need a PayPal account to use this option.
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PLEASE COMPLETE ALL OF THE APPLICABLE INFORMATION BELOW

Contact Information

Name _____

Address _____

City/ST/Zip _____

Email _____

Phone # _____

Credit Card Information

MasterCard Visa

Card # _____

Exp. Date _____

3 Digit # on Back of Card _____

Name on Card _____

Signature _____

Thank you for sponsoring an adult student. Your name will be listed in our program on the day of the Bee.

Mail to LCCBC at:

745 Center Street, Suite 300, Milford, OH 45150 • 513.831.READ (7323)
www.clermontbrownliteracy.org • 501(c)(3) Nonprofit Corporation, Federal Tax Exempt ID #31-1111791



Team Registration

Team Registration Fee for June 12, 2015 Adult Spelling Bee is \$300.00

- A team consists of two or three spellers.
- The **Team Contact** will receive the Rules and Word List 30 days before the Spelling Bee
- Agency/Business/Company represented by your team: _____
- Name of team: _____

Waiver – I do hereby fully release and hold harmless The Literacy Council of Clermont & Brown Counties and Miami Township Civic Center, their Trustees, agents and employees, from any and all actions, claims and demands of whatsoever kind on account of any and all injuries, losses or damages, including consequential damages which I may sustain in connection with or during my participation in the Spelling Bee.

Consent – I consent to the reproduction, publication, and other use of my photograph or cinematic image, voice and/or property by The Literacy Council of Clermont & Brown Counties and Miami Township Civic Center and any program of these organizations, however designated.

I further consent to the use of the above-mentioned cinematic image or photographic likeness in any motion picture, television broadcast, advertisement, publication or program at such time and in such places as the above-named organizations, separately or in partnership, and in their individual or joint discretion, shall determine.

I further consent to the irrevocable right to use my name (and any fictional name), written copy and photograph for purposes outlined as in the above paragraph.

I further grant the above-mentioned rights without compensation.

Team Member :	
Address:	
City, ST, Zip:	
Phone:	
E-mail:	
Signature:	Date:

Team Member :	
Address:	
City, ST, Zip:	
Phone:	
E-mail:	
Signature:	Date:

Team Contact :	
Address:	
City, ST, Zip:	
Phone:	
E-mail:	
Signature:	Date:

Mail to LCCBC at:

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