

Sponsorship Agreement Letter

Rockingham Community College P.O. Box 38 Wentworth, NC 27375

Please invoice Click here to enter your organization's name for the following student(s) OR classes below for the Choose an item semester.

| We will be responsible for p | payment for the follo | owing: | |
|--|--|--|--|
| \square Tuition & Mandato | ory Fees – Max Amou | unt Click here to enter amount | |
| ☐Books– Max Amou | ınt Click here to enter | amount | |
| ☐Supplies – Max An | nount Click here to en | ter amount | |
| Full Student Name and Date | of Birth OR Classes: | | |
| Click here to enter Stud | dent's Name | | |
| Click here to enter Stud | dent's Name | | |
| Click here to enter Stud | dent's Name | | |
| Send invoice to the following | ng address: | | |
| Name: Click here to enter name Address: Click here to enter address Tax ID: Click here to enter tax ID | | Phone: Click here to enter number Email: Click here to enter email | |
| Click here to enter any special | or additional instructio | ons | |
| Click here to enter text Printed Name and Title | _ | | |
| Signature | | Click here to enter date Date | |
| Please email or fax this to: | Kristi Tucker tuckerk@rockingha (336) 349-9986 | amcc.edu RCC Use Only: | |
| | | Click here to enter GL code | |