



**To be completed and signed by the financial sponsor**

Name of student to be sponsored: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_

**Membership Type:**

- NEW Member- \$60
- Returning Member- \$40

I will be the financial sponsor of the above-named student who intends to participate in the Girls Unlimited program for the 2024-2025 program year. I understand that this is **one-time** sponsorship for the year previously noted. Given the above understandings, I guarantee that the amount indicated above will be available to this student promptly.

Sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's name (printed) \_\_\_\_\_  
*(As you would like it to appear for recognition purposes)*

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Checks may be payable to Girls Unlimited, LLC**

**Mail to  
P.O Box 909638  
Gainesville, GA 30501**

For more information, please contact [girlsunlimitedllc@gmail.com](mailto:girlsunlimitedllc@gmail.com)