



Send completed form to:

Email: info@coastmountaincollege.ca

Fax: 250.638.5432

SPONSORSHIP / THIRD PARTY BILLING APPLICATION FORM

Date of Application (mm/dd/yyyy) _____

A. SPONSOR'S DETAILS Name & Address of Sponsor (Please complete or provide address stamp):

Name _____
 Address _____
 City & Postal Code _____
 Email _____
 Telephone _____
 Fax _____

Address Stamp

B. STUDENT'S DETAILS

Surname _____
 Given Name _____

Student No. _____
 Birth Date _____
 (if student no. is not provided)

C. DURATION OF SPONSORSHIP

FALL SEMESTER	WINTER SEMESTER	SPRING/SUMMER SEMESTER
YR _____	YR _____	YR _____

PROGRAM / COURSE(S): _____

D. LIMITATION & COVERAGE (Indicate full coverage with a ✓ or an amount if limits apply)

Commitment Fee \$100			
TUITION and STUDENT Fees	_____	_____	_____
Extended Health & Dental Fees	_____	_____	_____
Field School Fees	_____	_____	_____
Tool Kit	_____	_____	_____
BOOKSTORE Charges:			
Textbooks	_____	_____	_____
Supplies	_____	_____	_____
STUDENT HOUSING Fees:			
Non-refundable Application Fee \$50	_____	_____	_____
Refundable Damage Deposit \$300	_____	_____	_____
Student Housing Monthly Rental	_____	_____	_____
OTHER Fees:			
Transcripts	_____	_____	_____
Bus Passes	_____	_____	_____
Meals Cards	_____	_____	_____

E. SPONSOR'S APPROVAL

Sponsor's Name and Title _____
(please print)

Sponsor's Signature _____ Telephone _____