



Send completed form to:

Email: info@coastmountaincollege.ca

Fax: 250.638.5432

## SPONSORSHIP / THIRD PARTY BILLING AUTHORIZATION FORM

Date (mm/dd/yyyy) \_\_\_\_\_

**A. SPONSOR INFORMATION** (Please complete or provide address stamp.)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & Postal Code \_\_\_\_\_  
 Email \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_

Address Stamp

**B. STUDENT INFORMATION**

Surname \_\_\_\_\_  
 Given Name \_\_\_\_\_

Student No. \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 (if Student No. is not provided)

**C. DURATION OF SPONSORSHIP**

|                      |                        |                               |
|----------------------|------------------------|-------------------------------|
| <b>FALL SEMESTER</b> | <b>WINTER SEMESTER</b> | <b>SPRING/SUMMER SEMESTER</b> |
| YR _____             | YR _____               | YR _____                      |

**PROGRAM / COURSE(S):** \_\_\_\_\_

**D. LIMITATION & COVERAGE** (Select all that apply, provide a maximum if applicable.)

**Commitment Fee \$100** \_\_\_\_\_  
**TUITION and STUDENT Fees** \_\_\_\_\_  
**Field School Fees** \_\_\_\_\_  
**Tool Kit** \_\_\_\_\_  
**BOOKSTORE Charges:**  
 Textbooks \_\_\_\_\_  
 Supplies \_\_\_\_\_  
 Clothing \_\_\_\_\_

**RESIDENCE Fees:**  
 Application Fee \$25 \_\_\_\_\_  
 Damage Deposit \$200 \_\_\_\_\_  
 Residence Monthly Rental \_\_\_\_\_  
**OTHER Fees:**  
 Transcripts \_\_\_\_\_  
 Bus Passes \_\_\_\_\_  
 Meal Cards \_\_\_\_\_

**E. RELEASE OF STUDENT INFORMATION**

Students are required to complete and sign the Coast Mountain College [Release of Student Information Form](https://www.coastmountaincollege.ca/registration-records/forms) to enable the sharing of student information with the Sponsor. This form is available online at: <https://www.coastmountaincollege.ca/registration-records/forms>

**FORM COMPLETED AND ATTACHED** Y / N

**F. SPONSOR AUTHORIZATION**

*With this consent, permission is given to Coast Mountain College to collect payment for the above-noted indebtedness. I understand that this sponsorship agreement may not be revoked after the first day of classes for the study period described above.*

\_\_\_\_\_  
 Signature of Sponsor Representative

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date of Signature