



1310 S. Front Street
 Marquette MI 49855
 (906) 225.1346
 www.wcmqt.org

Fashion Show Participant Form & Sponsorship Form

Fashion Show Participant Information:

Name: _____

Organization/Business (if applicable): _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Your word of empowerment: _____

Sponsorship Donation:

Please indicate your sponsorship amount in the rows below.

Row	Sponsor Name	Amount Donated
1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____
4	_____	\$ _____
5	_____	\$ _____
6	_____	\$ _____
7	_____	\$ _____
8	_____	\$ _____
9	_____	\$ _____
10	_____	\$ _____

Total Amount Donated: \$ _____

When you have received your \$250 Participant Sponsorship, you can send or bring in this form to the Women’s Center office or fill out the Participant Application Sponsorship Form and pay online on our website or scan the QR code. Please submit by Friday, June 14th.

