STAR STUDDED CHAMPION AGREEMENT FORM

☐ **YES,** I want to be a Star Studded Champion.

☐ 5 Star CHAMPION ☐ 4 Star CHAMPION ☐ 3 Star CHAMPION

☐ 2 Star CHAMPION ☐ CHAMPION

I understand that at the selected level, I agree to support Leadership Lorain County at the events/programs indicated for the level I have chosen.

Payment ☐ Bill me ☐ Payment enclosed
☐ Call me to make special arrangements
☐ Credit Card

Name on Credit Card _____

Credit Card Number _____ Exp. Date _____

Signed _____ Date _____

Print Name _____

Organization _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail address _____

Indicate how you would like to be recognized in printed pieces.

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