



# Camosun College Bookstore Sponsorship Application – Group Listing

For those Agencies wishing to sponsor **more than one student**, this form is to be completed **in addition** to the Camosun College Bookstore Sponsorship Application form. Spending limits and allowable purchases for the students listed below will be based on amounts specified on the Camosun College Bookstore Sponsorship Application.

Please note: It is the responsibility of the sponsoring Agent to inform the students of what is deemed to be an allowable purchase at the Bookstore based on the policies of the Agency. Items purchased that are considered to be contrary to Agency policy will remain the financial obligation of the Agency.

**Agency Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>2) NAME:</b>	/	Student #:	C
(Last Name)	(First Name)	(Must be provided)	
<b>3) NAME:</b>	/	Student #:	C
(Last Name)	(First Name)	(Must be provided)	
<b>4) NAME:</b>	/	Student #:	C
(Last Name)	(First Name)	(Must be provided)	
<b>5) NAME:</b>	/	Student #:	C
(Last Name)	(First Name)	(Must be provided)	
<b>6) NAME:</b>	/	Student #:	C
(Last Name)	(First Name)	(Must be provided)	
<b>7) NAME:</b>	/	Student #:	C
(Last Name)	(First Name)	(Must be provided)	
<b>8) NAME:</b>	/	Student #:	C
(Last Name)	(First Name)	(Must be provided)	
<b>9) NAME:</b>	/	Student #:	C
(Last Name)	(First Name)	(Must be provided)	
<b>10) NAME:</b>	/	Student #:	C
(Last Name)	(First Name)	(Must be provided)	
<b>11) NAME:</b>	/	Student #:	C
(Last Name)	(First Name)	(Must be provided)	

**Must be submitted along with the completed and signed “Camosun College Bookstore Sponsorship Application” form or sponsorship will not be initiated.**

**Please fax to:**  
**Lansdowne Campus 250-370-3088**  
**Interurban Campus 250-370-4088**