

I'm interested in attending...

Event: 2010 Transplant Games

Dates: July 30 - August 4, 2010

Location: Madison, Wisconsin

Your Name: _____

Address: _____

Phone: _____ E-mail: _____

Donor: _____ Date of Donation: _____



Family Member

Relation to Donor

- | | | |
|----------|-------|-------|
| 1 (You). | _____ | _____ |
| 2. | _____ | _____ |
| 3. | * | _____ |
| 4. | * | _____ |
| 5. | * | _____ |

Is monetary sponsorship needed to attend this event? No Yes

If yes, please complete the boxed portion of this form.

The Arkansas Donor Family Council typically sponsors two (2) family members per donor.
**If additional family members are listed above, requests for sponsorship for these members will be considered on an individual basis.*

The level of sponsorship will depend on the number of applicants and the funding available.
Those who receive sponsorships should plan on assisting the Council in fund-raising activities.

If your family is accepted for sponsorship to this event, how do you believe your family will benefit from attending this event? _____

Have you previously received a sponsorship from ARORA or the Arkansas Donor Family Council?
 No Yes If yes, when and what event? _____

Many events include workshops or special ceremonies for donor families. To receive the most benefit from any sponsorship, the Council requests that you attend these workshops and ceremonies and the event's other scheduled activities.

Please mail completed form to:
Linda Weadock
Donor Family Liaison
PO Box 6047
Hot Springs, AR 71902

Please e-mail completed form to:
2010transplantgames@gmail.com

...supporting donor families, promoting donation awareness.