

SPONSORSHIP for FULL-TIME STUDENTS

Authorization to Invoice (PLEASE COMPLETE ALL APPLICABLE BOXES)

ACCOUNT (S	PONSOR	ING AGENCY)	INFORMAT	ION:							
Account Name							Accou	ınt #			
Billing Address								•			
	number	r	street					city	province	postal code	
CONTACT INFO	RMATION										
Sponsor Contact Name				Phone #		е	e-mail				
Financial Contact Name				Phone #		е	-mail				
If your agency is ta		ax exempt, please	provide the Ta	ax Exempt N	lumber		Numbe	er:			
						•		•			
CUSTOMER (STUDENT) INFORMATION:											
Student Name											
	last na	last name					first name				
Student Address	5										
	number	number street						city	province	postal code	
Student Number				Stude	nt Phone #	<i>‡</i>					
Program	•			•	Start Da	ite			End Date		
						_	dd-mm	m-yyyy		dd-mmm-yyyy	
-		nitoba Freedom of					FIPPA)	, RRC c	annot release s	tudent persona	
or academic info	ormation to	a third party with	out the writter	n consent o	f the studen	ıt.					
	I=ODVA					Ī					
FINANCIAL IN	NFORMA	TION & TERMS									
		nvoiced for, and phere indicated, a			_	-	_			ted below, to	
Program Fees/ T	uition	· · · · · · · · · · · · · · · · · · ·		<u>-</u>	-						
Books/Supplies											
Locker											
Parking											
**Health & Denta	ıl				Maximum .	Amoun	nt				
IMPORTANT	TERMS					* webs	site	http://w	ww.gallivan.ca		
** Health & Denta	al Fee is MA	NDATORY with OP	T OUT provision	ons/deadline	. Call 204-63	32-2503	3 or go	on-line (*) for details.		
Deposits are not	required if th	he sponsorship forn	n is on file								
Red River College	e reserves t	he right to withhold	sponsorship(s) from spons	or(s) with ou	utstandi	ng bala	nces mo	ore than (60) day	'S.	
Students are resp	onsible for	all fees that are NC	T covered by t	the Sponsor							
Authorized Signature				Print Authoriza			Name		Date		

Fax, Mail, or e-mail completed form to RRC Winkler Campus 100 - 561 Main St, Winkler, Manitoba R6W 1E8