

# EVENING of CHAMPIONS



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## Participation Questionnaire

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Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

I am interested in becoming involved with Evening of Champions in one or more of the following ways:

- \_\_\_\_\_ Sponsor
- \_\_\_\_\_ Board Member
- \_\_\_\_\_ Committee Member
- \_\_\_\_\_ Volunteer

Please give a brief description of your personal / professional strengths that could assist Evening of Champions:

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Please mail or e-mail your completed form to:

Evening of Champions, Inc.  
P. O. Box 910713  
Lexington, KY 40588  
info@eveningofchampions.org