

MEMORANDUM OF AGREEMENT OF SPONSORSHIP

Sponsor Name *: _____

Street Address *: _____

City: _____ State *: _____ Zip *: _____

Sponsor's F7000 c 01 _____

*Signature of Authorized Sponsor Officer **

*Print Name of Authorized Sponsor Officer **

Date

*Signature of Authorized FLCC Official **

*Print Name of FLCC Authorized Official **

Date

(* Required information.)