



Sugarplum Program

Colorado Ballet Auxiliary Sugarplum Program Sponsor Form

Sponsor Name: Mr./Mrs./Ms./Dr.: _____

Sponsor CBA Membership Level: _____ Is membership current?: _____

Sponsor Cell Phone: _____ Sponsor E-mail: _____

Name of Sugarplum Applicant: _____ **School:** _____

Mother - Mrs./Ms./Dr.: _____

First

Middle

Last

Nickname

Address: _____

City, State and Zip: _____

Phone: _____ E-mail: _____

Business/Occupation: _____ Cell Phone: _____

Is the applicant parent a member of Colorado Ballet Auxiliary? _____

Please indicate membership level and number of years

Spouse - Mr./Dr.: _____

Father - Mr./Dr.: _____

First

Middle

Last

Nickname

Address: _____

City, State and Zip: _____

Phone: _____ E-mail: _____

Business/Occupation: _____ Cell Phone: _____

Spouse - Mrs./Ms./Dr.: _____

Sponsor Questions

How long have you known the applicant's family and in what capacity? Please also let us know if other siblings have been in the Program or if there are younger siblings that would be eligible in the future.



Sponsor Questions Continued

The Sugarplum Program is a two year commitment, in your opinion is the applicant's family able to make that commitment? Please explain.

Knowing that the Sugarplum Program is completely volunteer run and that the applicant's parents will be required to volunteer in the program, do you think they will be willing, able and pleased to help out with the program? Please explain.

To your knowledge, what community organizations are the applicant's parents involved with and in what capacity? Please be as detailed as possible.