



The student presenting you with this form is requesting a donation that will help reduce their registration fee to a week-long summer program called Alaska Business Week. The student will experience an in-depth look at business, ethics, free enterprise, teamwork, and life skills that will better prepare them for life after high school.

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He/She will be part of a small group competing in a variety of business competitions that are designed to provide real world experience. The students run a simulated company, making important management decisions, while learning how to succeed in the workforce. They also work closely with business professionals that have volunteered to mentor them during the week.

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In order to afford such a tremendous program, this student needs your help! All students are asked to pay a registration fee of \$450. (The total cost per student is actually about \$1,800, but fundraising efforts by Alaska Business Week covers \$1,350.) The \$450 includes all meals for the week, housing in a college dorm, and all program materials. Any amount you can contribute, up to the \$450, will be helpful for this student to attend the program. Your support is fully tax deductible.

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Thank you for your interest in helping this student.

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Respectfully,

  
Stephen A. Hyer  
Executive Director



Visit our website  
[www.WBW.org](http://www.WBW.org)  
Phone: 1-800-686-6442

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Please make checks payable to:  
**Washington Business Week**

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Mailing Address:  
Alaska Business Week  
c/o Washington Business Week  
33305 1<sup>st</sup> Way South, Suite B-212  
Federal Way, WA 98003

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**STUDENT REGISTRATION SPONSOR FORM**

With your tax-deductible contribution, a high school student can experience the opportunity of a lifetime.  
***They need your support!***

**STUDENT INFORMATION**

Student Name

Phone Number

High School

**SPONSOR INFORMATION**

Name

Company

Address

City State Zip

( ) Phone

E-mail

**SPONSORSHIP AMOUNT: \$** \_\_\_\_\_

My tax-deductible contribution is enclosed.  
*(Make checks payable to Washington Business Week)*

Please charge my credit card for my contribution:

**Brand:**  Visa  M/C  Discover  Am. Ex.

Account # Exp.

Name on Card

Billing Address

City State Zip

Please invoice me for the above contribution.

Date of invoice: \_\_\_\_\_

**ALASKA BUSINESS WEEK**  
***PROGRAM DESCRIPTION ON REVERSE SIDE***

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