**BLOOMSBURY WIGS** 

**SCHOOL HAIR HARVEST SPONSERSHIP FORM**

NAME:

AGE:

ADDRESS:

TELEPHONE NUMBER:

NAME OF SCHOOL:

LENGTH OF HAIR:

CHARITY:

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| --- | --- | --- | --- | --- |
| NAME OF SPONSOR  | ADDRESS OF SPONSOR | AMOUNT OF MONEY PER INCH | TOTAL AMOUNT COLLECTED | SPONSORS SIGNATURE |
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| NAME OF SPONSOR | ADDRESS OF SPONSOR | AMOUNT OF MONEY PER INCH | TOTAL AMOUNT COLLECTED | SPONSORS SIGNATURE |
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