

# 2015 MID-ATLANTIC CHRISTADELPHIAN BIBLE SCHOOL

June 27 – July 5, 2015

www.MidAtlanticBibleSchool.com

## SPONSOR ACCEPTANCE FORM

Dear \_\_\_\_\_,

This letter confirms that you have been named as Sponsor for \_\_\_\_\_ while attending the Mid-Atlantic Christadelphian Bible School at Shippensburg University.

Listed below are the duties of Sponsors required by the University and the Bible School while you are serving as surrogate parents.

1. **To authorize emergency care.**
2. **To bring with you a copy of the student's medical insurance card and signed medical permission form.**
3. **To confirm class attendance, appropriate behavior, proper attire, care of room and curfew.**
4. **To maintain contact with your charge during the week.**
5. **In case of extreme discipline problems, to arrange a return trip home.**

By agreeing to act as the Sponsor, you are providing assurance that this student may attend the school and enjoy the fellowship of other young people. This is an important service and thank you for assuming this responsibility.

Please sign and return the bottom form to:

MACBS  
PO BOX 131  
MANSFIELD, PA 16933  
USA

Photocopy of this form for your records.

For additional forms see our web site or E-mail: [macbs@live.com](mailto:macbs@live.com)

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I have read the responsibilities listed above and agree to serve as sponsor for

\_\_\_\_\_ at MACBS this year.

(Print Youth's Name)

**Print Sponsor's Name:** \_\_\_\_\_

**Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign and return to  
MACBS  
PO BOX 131  
MANSFIELD, PA 16933  
USA

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