**GUEST SPONSORSHIP**

Club Name:

Address:

City, State, Zip:

Phone:

Fax:

Sponsoring Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing, I understand that I am responsible for the proper use of the facility and that I, as the sponsoring member, must be in attendance for the entire function. As the sponsoring member, I am also responsible for any financial obligations that my guest does not honor. It is my purpose to use the club facility to entertain my guest.

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information must be filed with the Washington County Liquor Board at least ten (10) days prior to the function. Please fill out and return to our office by mail, email liquorbd@verizon.net or fax (301) 797-4599 as soon as possible.

Thank you

The Washington County Liquor Board

148 West Washington Street

Hagerstown, MD 21740

(301) 797-4591