



TEAM Sponsor Pledge Form

Team name: _____ **Team Captain's name:** _____

I am registering as a: Name of Participant: _____
 Team Captain Address: _____
 Team Member City, State, Zip Code: _____
 Phone: _____ Email: _____

Shirt Size: _____ If your team average (total raised by team ÷ number of team members) is \$150 or more you will receive a free t-shirt.

Use this form for all pledges not given online. Ask your family, friends, neighbors and co-workers to support your fundraising efforts.

WILL BILL FOR \$10 OR MORE

PRINT all information NEATLY please.

| | | | |
|---|---------|----------------|----------|
| Sponsor's Name | Address | City and State | Zip Code |
| Amount Pledged: ___\$10 ___\$20 ___\$50 ___\$100 ___Other \$___ ___Paid Cash ___Paid Check ___Bill Me | | | |
| Sponsor's Name | Address | City and State | Zip Code |
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I release this organization from any liability for this event.

Signature

| FOR OFFICE USE ONLY | | | |
|---------------------|------|-------|---------|
| ONLINE | CASH | CHECK | BILL ME |

Total raised this page: \$ _____

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