HOLY ANGELS SCHOOL
WALK/JOG-A-THON 2014
SPONSOR SHEET

STUDENT NAME_____**CLASS NUMBER**____

Please print

GRADE____

NUMBER OF LAPS_____
(To be filled in by school after event)

1. All donations are tax deductible
2. Make checks payable to "Holy Angels School"

STUDENTS ARE RESPONSIBLE FOR ALL MONEY PLEDGED.
ALL MONEY WILL BE COLLECTED <u>AFTER</u> THE WALK/JOG-A-THON.

* * * * * * * * * SPONSOR'S NAME Please print	* * ONE TIME PLEDGE $5. minimum	* * PER LAP PLEDGE minimum $.50 per lap	* * * TOTAL DUE **to be filled out by school**