

INDEX # _____ ACCT # _____



Remember! Sponsorship is based on a fixed amount, NOT by lap or per mile.

FIRST	LAST		<input type="checkbox"/> \$250	<input type="checkbox"/> \$200	Cash: \$ _____	Check: \$ _____ Date: _____ CK# _____	Bill Me: \$ _____ For donations \$10 or more
ADDRESS			<input type="checkbox"/> \$150	<input type="checkbox"/> \$100			
CITY	STATE	ZIP	<input type="checkbox"/> \$50	<input type="checkbox"/> \$25			
PHONE/CELL	EMAIL		<input type="checkbox"/> Other \$ _____				
FIRST	LAST		<input type="checkbox"/> \$250	<input type="checkbox"/> \$200	Cash: \$ _____	Check: \$ _____ Date: _____ CK# _____	Bill Me: \$ _____ For donations \$10 or more
ADDRESS			<input type="checkbox"/> \$150	<input type="checkbox"/> \$100			
CITY	STATE	ZIP	<input type="checkbox"/> \$50	<input type="checkbox"/> \$25			
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FIRST	LAST		<input type="checkbox"/> \$250	<input type="checkbox"/> \$200	Cash: \$ _____	Check: \$ _____ Date: _____ CK# _____	Bill Me: \$ _____ For donations \$10 or more
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CITY	STATE	ZIP	<input type="checkbox"/> \$50	<input type="checkbox"/> \$25			
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