



Company/Organization Team Name: \_\_\_\_\_

Team Leaders Name: \_\_\_\_\_

# Sponsor Sheet:

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

*Complete this sponsor sheet by asking people to sponsor you for a single amount, regardless of the distance you cover. Place this sheet along with collected donations in an envelope and give to your team leader or bring to the event.*

Name of Sponsor:	Address:	Phone:	Donation:
1			
2			
3			
4			
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**Please make all checks payable to SACS (Sparta Area Cancer Support).**

Waiver: In consideration of my signing this agreement, I hereby for myself, my heirs and administrators assume any and all risks which might be associated with the event. I waive any and all rights and claims of injuries or damages which I might have against the organizers and sponsors of the event and the Sparta Area Cancer Support, Inc., their representatives, successors and assigns for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. (All persons under 18 MUST have a parent or guardian's signature.)

**Signature:** \_\_\_\_\_

**Total Donations \$** \_\_\_\_\_

**Amount Received \$** \_\_\_\_\_



# Sponsor Sheet: *Continued*

Complete this sponsor sheet by asking people to sponsor you for a single amount, regardless of the distance you cover. Place this sheet along with collected donations in an envelope and give to your team leader or bring to the event.

Name of Sponsor:	Address:	Phone:	Donation:
20			
21			
22			
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Please make all checks payable to SACS (Sparta Area Cancer Support).

## Raffle Tickets

**If You Need More Raffle Tickets, Please Contact: Gary Peterson, 269-5939 or Paul Oswald, 269-3420.**

# of Tickets \_\_\_\_\_ Ticket Number Range \_\_\_\_\_

Total Tickets Sold \$ \_\_\_\_\_

Waiver: In consideration of my signing this agreement, I hereby for myself, my heirs and administrators assume any and all risks which might be associated with the event. I waive any and all rights and claims of injuries or damages which I might have against the organizers and sponsors of the event and the Sparta Area Cancer Support, Inc., their representatives, successors and assigns for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. (All persons under 18 MUST have a parent or guardian's signature.)

**Signature:** \_\_\_\_\_ **Total Donations \$** \_\_\_\_\_ **Amount Received \$** \_\_\_\_\_