



The Mission of SACS, Inc. is to provide monetary support for area Cancer patients and funding for Cancer research

Neighbors Helping Neighbors.

Financially, the battle with Cancer can be devastating. SACS, Inc. was organized as a place for cancer patients to turn for some monetary help.

- SACS, Inc. is governed by a nine member board of directors. The Board of Directors will review all applications.
 - The funds will be dispersed to Cancer victims in order to provide assistance with groceries, transportation, fuel, medication or other necessities based on the area of need.
 - It is the intent of the Board to provide assistance through the use of vouchers, gift certificates, or direct payment of bills. It will be the Board's responsibility to ensure, to the best of their ability, that the support goes towards intended use.
-



.....

Neighbors Helping Neighbors.

Team Instructions:

Money can be taken anytime. Please don't wait until the night of the Walk & Rally. Please Contact Any of Our Board Members with Questions or Donations.

Karen Edwards	269-5243	Gary Peterson	269-5939
Kay Kast	269-4311	Cheryl Isensee	269-3215
Paul Oswald	269-3420	Julie Anderson	790-0523
Geri Schiller	269-2659	Mike McAlpine	269-5346
Katie Chapiewsky	633-1224		

Team Recruitment Packets:

Team recruitment leaders: Kay Kast 269-4311 and Joanne Bohnert 269-7176.

SACS Team Leaders: Please pick up team recruitment packets May 8th at SACS meeting or at Sparta Chiropractic, 110 W. Wisconsin St., Sparta, WI 54656.

Please keep separate totals for pledges and raffles. Teams will get credit for raffle sales.

Team T-Shirt orders must be submitted by JULY 28, 2017. Payment due when you pick up team shirts. Please contact Kathy Culpitt at 269-6162

2017 Bank Night is August 3, from 5:00 pm to 8:00 pm at Clifton, Larson, Allen, LLP. This is a special night set aside before the walk to turn in any money collected to date. Including raffle and pledges and luminaries.

Please turn in luminaries as they are sold to your Team Leader who will contact Cheryl Isensee 608-269-3215, so they may begin hand lettering the luminaries.

Team Baskets For Raffle: (Optional)

This year we are asking Teams if they would like to donate a **basket** or **item** for the 2017 SACS Walk & Rally **Adult & Children's Raffle**.

Baskets and items can be turned into Kay Kast 608-269-4311, prior to July 14, 2017.



**The Mission of SACS, Inc. is to provide
monetary support for area Cancer patients
and funding for Cancer research**

Neighbors Helping Neighbors.

TEAM REGISTRATION

Company/Organization Team Name: _____

Team Leaders Name: _____

Address: _____

City: _____

Phone (s): _____

E-Mail: (required) _____

Team Registration Fee \$25 _____

PAID (mo/day/year)

Please make all checks payable to SACS (Sparta Area Cancer Support).



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			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

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			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			

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 \$** _____



Company/Organization Team Name: _____

Team Leaders Name: _____

Team Apparel

Order Form

Team Member:	Size:	Team Logo** Add \$3.00 ea.	T-Shirt \$10.00*	Tank Top \$12.00*	Sweat Shirt (crew) \$20.00*/(hoodie) \$25.00*	Hats \$15.00*	PAID
1		<input type="checkbox"/> Yes <input type="checkbox"/> No					
2		<input type="checkbox"/> Yes <input type="checkbox"/> No					
3		<input type="checkbox"/> Yes <input type="checkbox"/> No					
4		<input type="checkbox"/> Yes <input type="checkbox"/> No					
5		<input type="checkbox"/> Yes <input type="checkbox"/> No					
6		<input type="checkbox"/> Yes <input type="checkbox"/> No					
7		<input type="checkbox"/> Yes <input type="checkbox"/> No					
8		<input type="checkbox"/> Yes <input type="checkbox"/> No					
9		<input type="checkbox"/> Yes <input type="checkbox"/> No					
10		<input type="checkbox"/> Yes <input type="checkbox"/> No					
11		<input type="checkbox"/> Yes <input type="checkbox"/> No					
12		<input type="checkbox"/> Yes <input type="checkbox"/> No					
13		<input type="checkbox"/> Yes <input type="checkbox"/> No					
14		<input type="checkbox"/> Yes <input type="checkbox"/> No					
15		<input type="checkbox"/> Yes <input type="checkbox"/> No					
16		<input type="checkbox"/> Yes <input type="checkbox"/> No					
17		<input type="checkbox"/> Yes <input type="checkbox"/> No					
18		<input type="checkbox"/> Yes <input type="checkbox"/> No					
19		<input type="checkbox"/> Yes <input type="checkbox"/> No					
20		<input type="checkbox"/> Yes <input type="checkbox"/> No					
21		<input type="checkbox"/> Yes <input type="checkbox"/> No					
22		<input type="checkbox"/> Yes <input type="checkbox"/> No					
23		<input type="checkbox"/> Yes <input type="checkbox"/> No					
24		<input type="checkbox"/> Yes <input type="checkbox"/> No					
TOTAL			\$				

Please Return Completed Form To:
 Kathy Culpitt (608) 269-6162
 716 Margaret St.
 Sparta, WI 54656

* Sizes 2X and up add \$2.00

** If you have a Team Logo, there may be a set-up fee

Please make all checks payable to SACS (Sparta Area Cancer Support).



Company/Organization Team Name: _____

Team Leaders Name: _____

Team Apparel

Order Form

Team Member:	Size:	Team Logo** Add \$3.00 ea.	T-Shirt \$10.00*	Tank Top \$12.00*	Sweat Shirt (crew) \$20.00*/(hoodie) \$25.00*	Hats \$15.00*	PAID
1		<input type="checkbox"/> Yes <input type="checkbox"/> No					
2		<input type="checkbox"/> Yes <input type="checkbox"/> No					
3		<input type="checkbox"/> Yes <input type="checkbox"/> No					
4		<input type="checkbox"/> Yes <input type="checkbox"/> No					
5		<input type="checkbox"/> Yes <input type="checkbox"/> No					
6		<input type="checkbox"/> Yes <input type="checkbox"/> No					
7		<input type="checkbox"/> Yes <input type="checkbox"/> No					
8		<input type="checkbox"/> Yes <input type="checkbox"/> No					
9		<input type="checkbox"/> Yes <input type="checkbox"/> No					
10		<input type="checkbox"/> Yes <input type="checkbox"/> No					
11		<input type="checkbox"/> Yes <input type="checkbox"/> No					
12		<input type="checkbox"/> Yes <input type="checkbox"/> No					
13		<input type="checkbox"/> Yes <input type="checkbox"/> No					
14		<input type="checkbox"/> Yes <input type="checkbox"/> No					
15		<input type="checkbox"/> Yes <input type="checkbox"/> No					
16		<input type="checkbox"/> Yes <input type="checkbox"/> No					
17		<input type="checkbox"/> Yes <input type="checkbox"/> No					
18		<input type="checkbox"/> Yes <input type="checkbox"/> No					
19		<input type="checkbox"/> Yes <input type="checkbox"/> No					
20		<input type="checkbox"/> Yes <input type="checkbox"/> No					
21		<input type="checkbox"/> Yes <input type="checkbox"/> No					
22		<input type="checkbox"/> Yes <input type="checkbox"/> No					
23		<input type="checkbox"/> Yes <input type="checkbox"/> No					
24		<input type="checkbox"/> Yes <input type="checkbox"/> No					
TOTAL			\$				

Please Return Completed Form To:
 Kathy Culpitt (608) 269-6162
 716 Margaret St.
 Sparta, WI 54656

** Sizes 2X and up add \$2.00*

*** If you have a Team Logo, there may be a set-up fee*

Please make all checks payable to SACS (Sparta Area Cancer Support).



Candles will be lit in memory of the many loved ones that haven been taken from us by cancer and in honor of those who are battling or have survived cancer.

Take this opportunity to pay tribute!

Luminaries are \$5.00 each or 3 for \$10.00

Neighbors Helping Neighbors.

All money raised stays local to help patients and their families. A portion of the money raised is also contributed locally for research.

Luminary Order Form:

Your Name: _____

Your Address: _____

I would like to purchase a luminary: (please circle one)

In Memory Of _____ In Honor Of _____

From: _____

In Memory Of _____ In Honor Of _____

From: _____

In Memory Of _____ In Honor Of _____

From: _____

Make Checks Payable to **Sparta Area Cancer Support (SACS)**. Please contact Cheryl Isensee at 608-269-3215 if you have questions. Information is also available at www.spartaareacancersupport.org. Mail luminary form(s) & payment to **SACS PO Box 130, Sparta, WI 54656**.



Candles will be lit in memory of the many loved ones that haven been taken from us by cancer and in honor of those who are battling or have survived cancer.

Take this opportunity to pay tribute!

Luminaries are \$5.00 each or 3 for \$10.00

Neighbors Helping Neighbors.

All money raised stays local to help patients and their families. A portion of the money raised is also contributed locally for research.

Luminary Order Form:

Your Name: _____

Your Address: _____

I would like to purchase a luminary: (please circle one)

In Memory Of _____ In Honor Of _____

From: _____

In Memory Of _____ In Honor Of _____

From: _____

In Memory Of _____ In Honor Of _____

From: _____

Make Checks Payable to **Sparta Area Cancer Support (SACS)**. Please contact Cheryl Isensee at 608-269-3215 if you have questions. Information is also available at www.spartaareacancersupport.org. Mail luminary form(s) & payment to **SACS PO Box 130, Sparta, WI 54656**.