



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.



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Covid-19 has changed how SACS is going to be able to raise funds this year. Please note our changes to Remembrances/Luminaries, bank night and adult/children's raffles.

Team Instructions:

Money can be taken anytime. Please don't wait until the night of the Rally. Please contact any of our Board Members with questions or donations.

Karen Edwards	269-5243	Gary Peterson	633-3703
Kay Kast	269-4311	Cheryl Isensee	269-3215
Paul Oswald	269-3420	Mike McAlpine	269-5346
Annette Erickson	633-2301	Priscilla Hemmersbach	269-5359
Joanne Bohnert	269-7176		

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

SACS Team Leaders: Additional team packets, sponsor sheets and Remembrance forms are available on our website at spartaareacancersupport.org. You can pick up in person at Sparta Chiropractic, 110 W. Wisconsin St., Sparta, WI 54656.

Team T-Shirt: Orders must be submitted by JULY 31, 2020. Payment due when you pick up team shirts. Please contact Kathy Culpitt at 269-6162 with any questions.

Remembrances will take the place of **Luminaries**. A cancer ribbon in Memory or in Honor of loved ones with cancer can be purchased and the ribbon will be displayed along the Rusk Avenue fence for everyone to take their time to walk or drive by. Please turn in remembrances as they are sold. This is so they may begin creating the remembrances. Please contact Cheryl Isensee at 269-3215 with any questions

2020 Bank Night: is August 6, from 4:00 pm to 8:00 pm at WCOW-FM, 113 W. Oak St., Sparta, WI. This is a special night set aside before the Rally to turn in any money collected to date. This includes money collected for raffles, pledges and remembrances. Teams may also turn in monies at the Gridiron Building at Memorial Park on August 7 from 4:00 to 8:00 p.m. Please be sure to complete a sponsor sheet to insure credit to your team.

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

Team Baskets For Raffle: (Optional) We will not have the Adult or Children's raffles, 50/50 raffle, children's games or food sales available at the park.



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TEAM REGISTRATION

Company/Organization Team Name: _____

Team Leaders Name: _____

Address: _____

City: _____

Phone (s): _____

E-Mail: (required) _____

No registration fee required. If you would like to make a donation, please make checks payable to Sparta Area Cancer Support (SACS).

Please return Team Registration Forms to SACS, PO Box 130, Sparta WI 54656 or email your registration information in the body of the email to Joanne Bohnert at joannebohnert@gmail.com or Kay Kast at kastfam@centurytel.net.



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).

..... **If You Need More Raffle Tickets, Please Contact: Gary Peterson, 633-3703 or Paul Oswald, 269-3420.**

Raffle Tickets

of Tickets _____ Ticket Number Range _____

Total Tickets Sold \$ _____

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



Company/Organization Team Name: _____

Team Leaders Name: _____

Team Apparel

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Order Form

Team Member:	Size:	Team Logo** Add \$3.00 ea.	T-Shirt \$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*

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2020 REMEMBRANCE CRUISE

Cancer Ribbons in memory of the many loved ones that have been taken from us by cancer and in honor of those who are battling or have survived cancer will be displayed along Rusk Ave. in Sparta.



ANNIVERSARY
SPARTA AREA CANCER SUPPORT

Take this opportunity to pay tribute!
Ribbons are \$5 each of 3 for \$10

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.

Ribbon Order Form:

Your Name: _____
Your Address: _____

I would like to purchase a Ribbon:

In Memory Of: _____
From: _____
In Memory Of: _____
From: _____
In Memory Of: _____
From: _____

In Honor Of: _____
From: _____
In Honor Of: _____
From: _____
In Honor Of: _____
From: _____

Make Checks Payable to **Sparta Area Cancer Support (SACS)**. **PO Box 130 Sparta, WI 54656**. Contact Cheryl Isensee for more information 608.343.7815

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In Honor Of: _____
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In Honor Of: _____
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In Honor Of: _____
From: _____

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