



Individual/Group/Team Name: _____

Group 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 bring to the event or give to group leader to bring.

Name of Sponsor:	Address:	Phone:	Donation:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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14			
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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 bring to the event or give to group leader to bring.

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, 608-633-3703.

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 \$** _____