

STL TWENTY FOUR

NAME: _____
 TEAM: **CYJ** _____
 FUNDRAISING GOAL: **600 Laps** _____
 AMOUNT ENCLOSED: _____

SPONSOR'S NAME	MAILING ADDRESS	CITY, STATE, ZIP	CONTRIBUTION FLAT AMT PER LAP	AMOUNT COLLECTED	PAYMENT TYPE	AMOUNT DUE
Suzie Sample	123 Main St.	Anywhere, WI, 12345	\$0.50	\$0.00	Check	200 TEAM LAPS = \$100.00
John Sampler	321 Main St.	Anywhere, WI, 12345	\$75.00	\$75.00	Cash	\$0.00
ALL DONATIONS ARE TAX DEDUCTIBLE! <i>(Sponsor's will receive a letter from the local church through which the participant's team was representing)</i> ALL FORMS AND DONATIONS SHOULD BE TURNED IN TO TEAM LEADER.			TOTAL CONTRIBUTIONS	TOTAL COLLECTED	Team leader: Please make a copy of this form and bring with you to STL24 event *Please make copies of additional forms and staple together for each participant.	