## Care Net 5K Run/Walk for Life

## **SPONSOR PLEDGE FORM**

PLEASE PRINT ALL INFORMATION

PARTICIPANT INFORMATION	Phone ( )
Name:	Email Address
Address:	Team Name:
City: St Zip	Team Captain:
Στ <u>Σ</u> τρ	ream captain
Name	Name
Address	Address
City ST Zip	City ST Zip
□ \$10 □ \$20 □ \$30 □ \$50 □ Other	□ \$10 □ \$20 □ \$30 □ \$50 □ Other
Name	Name
Address	Address
City ST Zip	City ST Zip
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Name	Name
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