



Cancer Support Walk Sponsor Sheet

Participant Name _____ Phone _____

Participant Address _____ City _____ Zip Code _____

Company or Organization Team Name _____ Team Leader's Name _____

Complete this sponsor sheet by asking people to sponsor you for a single amount, regardless of the distance you may cover. Place this sheet along with collected donations in an envelope and give to your team leader, or bring collected donations to the event.

Name of Sponsor	Address	Phone	Donation
1			
2			
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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 by me as a result of taking part in the event and any related activities. (All persons under 18 MUST have parent or guardian's signature.)

Signature _____ Total Donations \$ _____ Total Amt. Received \$ _____