## FACE TO FACE SPONSOR FORM



## St. Thomas Becket Academy Annual Jog-A-Thon

Jogging (Average 45 laps/hour)
Walking ( average 28 laps/hour)

Mix of both (average 35 laps/hour)

| Academy                          | STUDENT NAME                         |                  |             |                        |
|----------------------------------|--------------------------------------|------------------|-------------|------------------------|
| IMPORTANT PLEASE PRINT CLEARLY   |                                      |                  |             |                        |
|                                  |                                      |                  | 1           | Check at least one box |
| Name of Sponsor                  | Pe                                   | er Lap           | Flat Amount | Check one:             |
| Mailing address                  |                                      |                  |             | Cash                   |
|                                  |                                      |                  |             | Check                  |
| City/State/zip                   |                                      |                  |             | Send Bill              |
| MPORTANT PLEASE PRINT CLEARLY    |                                      |                  |             | Check at least one box |
| Name of Sponsor                  | Pe                                   | er Lap           | Flat Amount | Check one:             |
|                                  |                                      |                  |             | Cash                   |
| Mailing address                  |                                      |                  |             | Check                  |
| City/State/zip                   |                                      |                  |             | Send Bill              |
| MPORTANT PLEASE PRINT CLEARLY    |                                      |                  |             | Check at least one box |
| Name of Sponsor                  | Pe                                   | er Lap           | Flat Amount | Check one:             |
|                                  |                                      |                  |             | Cash                   |
| Mailing address                  |                                      |                  |             | Check                  |
| City/State/zip                   |                                      |                  |             | Send Bill              |
| IMPORTANT PLEASE PRINT CLEARLY   | <u></u>                              |                  |             | Check at least one box |
| Name of Sponsor                  | Pe                                   | er Lap           | Flat Amount | Check one:             |
|                                  |                                      |                  |             | Cash                   |
| Mailing address                  |                                      |                  |             | Check                  |
| City /State/zip                  |                                      |                  |             | Send Bill              |
| IMPORTANT PLEASE PRINT CLEARLY   | l .                                  |                  | L           | Check at least one box |
| Name of Sponsor                  | Pe                                   | er Lap           | Flat Amount | Check one:             |
|                                  |                                      | ·                |             | Cash                   |
| Mailing address                  |                                      |                  |             | Check                  |
| City /State/zip                  |                                      |                  |             | Send Bill              |
| I IMPORTANT PLEASE PRINT CLEARLY |                                      |                  |             | Check at least one box |
| Name of Sponsor                  | Pe                                   | er Lap           | Flat Amount | Check one:             |
| -                                |                                      |                  |             | Cash                   |
| Mailing address                  |                                      |                  |             | Check                  |
| City /State/zip                  |                                      |                  |             | Send Bill              |
| L                                | Total Cash and Checks er             | nclosed          | \$          |                        |
|                                  | (add up all cash & checks included v |                  | 7           |                        |
|                                  | (aud up all cash & checks included v | with this sneet) |             |                        |

Per Lap Sponsors: The school will send a bill on the number of laps times the amount pledged.

Make Checks Payable to: St. Thomas Becket Academy

Contribution statements sent per request

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| Academy                             | STUDENT NAM                       | E                  |             |                        |
|-------------------------------------|-----------------------------------|--------------------|-------------|------------------------|
| IMPORTANT PLEASE PRINT CLEARLY      |                                   |                    |             |                        |
|                                     | г                                 |                    | 1           | Check at least one box |
| Name of Sponsor                     |                                   | Per Lap            | Flat Amount | Check one:             |
| Mailing address                     |                                   |                    |             | Cash                   |
|                                     |                                   |                    |             | Check                  |
| City/State/zip                      |                                   |                    |             | Send Bill              |
| MPORTANT PLEASE PRINT CLEARLY       |                                   |                    |             | Check at least one box |
| Name of Sponsor                     | F                                 | Per Lap            | Flat Amount | Check one:             |
|                                     |                                   | •                  |             | Cash                   |
| Mailing address                     |                                   |                    |             | Check                  |
| City/State/zip                      |                                   |                    |             | Send Bill              |
| MPORTANT PLEASE PRINT CLEARLY       |                                   |                    | L           | Check at least one box |
| Name of Sponsor                     | ı                                 | Per Lap            | Flat Amount | Check one:             |
|                                     |                                   |                    |             | Cash                   |
| Mailing address                     |                                   |                    |             | Check                  |
| City /State/zip                     |                                   |                    |             | Send Bill              |
| IMPORTANT PLEASE PRINT CLEARLY      |                                   |                    | 1           | Check at least one box |
| Name of Sponsor                     | ı                                 | Per Lap            | Flat Amount | Check one:             |
|                                     |                                   |                    |             | Cash                   |
| Mailing address                     |                                   |                    |             | Check                  |
| City/State/zip                      |                                   |                    |             | Send Bill              |
| IMPORTANT PLEASE PRINT CLEARLY      |                                   |                    |             | Check at least one box |
| Name of Sponsor                     |                                   | Per Lap            | Flat Amount | Check one:             |
|                                     |                                   |                    |             | Cash                   |
| Mailing address                     |                                   |                    |             | Check                  |
| City/State/zip                      |                                   |                    |             | Send Bill              |
| I<br>IMPORTANT PLEASE PRINT CLEARLY |                                   |                    |             | Check at least one box |
| Name of Sponsor                     | Ī                                 | Per Lap            | Flat Amount | Check one:             |
| -                                   |                                   |                    |             | Cash                   |
| Mailing address                     |                                   |                    |             | Check                  |
| City /State/zip                     |                                   |                    |             | Send Bill              |
| L                                   |                                   | enclosed           | \$          |                        |
|                                     |                                   |                    | ľ           |                        |
|                                     | (add up all cash & checks include | u with this sneet) |             |                        |

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