Face to Face Sponsor Form

St. Thomas Becket Academy

Annual Jog-A-Thon / November 15

Jogging (Average 45 laps/hour)

Walking (average 28 laps/hour)

Mix of both (average 35 laps/hour)

Student Name____

Important please print clearly

Check boxes for check or bill

Name of Sponsor	Per Lap	Flat Amount	CASH enclosed:	Check one: ☐ Check #_______
Mailing address				
City /State/zip				☐ Send a bill

Important please print clearly

Check boxes for check or bill

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City /State/zip				☐ Send a bill

Important please print clearly

Check boxes for check or bill

Name of Sponsor	Per Lap	Flat Amount	CASH enclosed:	Check one: ☐ Check #_______
Mailing address				
City /State/zip				☐ Send a bill

Total Cash	Total Checks
$	$

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**

God bless you and thank you for your support!

St. Thomas Becket Academy * 25269 E Bolton Rd * Veneta OR 97487 * 541-935-0149

FACE TO FACE SPONSOR FORM

St. Thomas Becket Academy

Annual Jog-A-Thon / November 7

Jogging (Average 45 laps/hour)

Walking (average 28 laps/hour)

Mix of both (average 35 laps/hour)

STUDENT NAME____

IMPORTANT PLEASE PRINT CLEARLY

Check boxes for check or bill

Name of Sponsor	Per Lap	Flat Amount	CASH enclosed:	Check one: ☐ Check #_______
Mailing address				☐ Send a bill
City /State/zip				

IMPORTANT PLEASE PRINT CLEARLY

Check boxes for check or bill

Name of Sponsor	Per Lap	Flat Amount	CASH enclosed:	Check one: ☐ Check #_______
Mailing address				☐ Send a bill
City /State/zip				

IMPORTANT PLEASE PRINT CLEARLY

Check boxes for check or bill

Name of Sponsor	Per Lap	Flat Amount	CASH enclosed:	Check one: ☐ Check #_______
Mailing address				☐ Send a bill
City /State/zip				

IMPORTANT PLEASE PRINT CLEARLY

Check boxes for check or bill

Name of Sponsor	Per Lap	Flat Amount	CASH enclosed:	Check one: ☐ Check #_______
Mailing address				☐ Send a bill
City /State/zip				

IMPORTANT PLEASE PRINT CLEARLY

Check boxes for check or bill

Name of Sponsor	Per Lap	Flat Amount	CASH enclosed:	Check one: ☐ Check #_______
Mailing address				☐ Send a bill
City /State/zip				

IMPORTANT PLEASE PRINT CLEARLY

Check boxes for check or bill

Name of Sponsor	Per Lap	Flat Amount	CASH enclosed:	Check one: ☐ Check #_______
Mailing address				☐ Send a bill
City /State/zip				

Total Cash	Total Checks
$	$

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

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GOD BLESS YOU AND THANK YOU FOR YOUR SUPPORT!

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