ASTIN FARMS

STRAWBERRY DISTANCE CHALLENGE 1/5K/8K

Sponsor Form

Last Name: _____ **First** Name: _____ Phone: _____

_____

Emergency Contact Address City ZIP

I, _____, plan to walk/run at least _____ kilometers.
(student's name)

Dear Potential Sponsor,

I am participating in the Strawberry Distance Challenge 1/5K/8K. Outside of my registration, I'm raising funds for _____You may sponsor me for an amount per kilometer and then name a maximum amount you are willing to contribute or you may sponsor with a flat rate. I will return to tell you how many kilometers I walked and collect your contribution. Make checks payable to_____. I will register with the Strawberry Distance Challenge, PO Box 5017, Plant City, FL 33563. Please visit our website at www.sdc5k.com for more information or call 813.719.0244.

Name and Address of Sponsor	Pledge per Kilometer	Maximum Pledge	Amount Collected from Sponsor
	$	$	$