

Due Date: Friday, October 20th

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Pledge Info		Collection Info (Fill out only after \$ is collected)		
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	Sponsor Name	Phone	Flat Amt	Per Lap Amt	Amt Rec'd	Paid Online	Cash/ Check
	Ms. Sample Sponsor	777-777		\$1.00	\$23.00		Check
1							
2							
3							
4							
5							
6							
7							



**My Jog-a-thon is  
scheduled for  
October 6, 2017**

Total # of Laps  
fill in after event

Check boxes and seal envelope only AFTER ALL money has been collected.  
**Please make checks payable to MPTC**  
**Thank you for your support!!!**  
 Verification, total enclosed: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_  
 I choose not to donate at this time.

Prefer to donate online? Mejogathon.com Questions? Mejogathon.com

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