

Participant Name	Address	Email Address
Phone	City, State, Zip	<input type="checkbox"/> Check here if under 21

Suggested Donation Amounts:

\$10

\$25

\$50

\$100

Please bring checks and cash along with this form to the registration table on the day of the event. Make checks payable to Alpha Family Center.

Donation Amount		Please print neatly! Sponsor information			
Cash	Check \$	Name	Address		
	Check#	Phone	City	State	Zip
Cash	Check \$	Name	Address		
	Check#	Phone	City	State	Zip
Cash	Check \$	Name	Address		
	Check#	Phone	City	State	Zip
Cash	Check \$	Name	Address		
	Check#	Phone	City	State	Zip
Cash	Check \$	Name	Address		
	Check#	Phone	City	State	Zip
Cash	Check \$	Name	Address		
	Check#	Phone	City	State	Zip
Cash	Check \$	Name	Address		
	Check#	Phone	City	State	Zip
Cash	Check \$	Name	Address		
	Check#	Phone	City	State	Zip
Cash	Check \$	Name	Address		
	Check#	Phone	City	State	Zip
Cash	Check \$	Name	Address		
	Check#	Phone	City	State	Zip
Cash Total	Check Total	Online Total	Grand Total	Add up your totals and check off your prizes on the back!	
\$	\$	\$	\$		