

HOSPICE SWIMATHON

MARCH 15, 2018

SWIMMER: _____

Address: _____ Phone # _____

of laps anticipated _____

of laps completed _____

PLEDGES

*Pledges \$15.00 and over will be tax receipted.

\$ per lap
Pledged

Total Pledge
(lap x \$)

Total
Collected

Please print clearly.

1. Name _____ Mailing Address: _____ _____ Phone: _____			
2. Name _____ Mailing Address: _____ _____ Phone: _____			
3. Name _____ Mailing Address: _____ _____ Phone: _____			
4. Name _____ Mailing Address: _____ _____ Phone: _____			
5. Name _____ Mailing Address: _____ _____ Phone: _____			
6. Name _____ Mailing Address: _____ _____ Phone: _____			
7. Name _____ Mailing Address: _____ _____ Phone: _____			
8. Name _____ Mailing Address: _____ _____ Phone: _____			
9. Name _____ Mailing Address: _____ _____ Phone: _____			
10. Name _____ Mailing Address: _____ _____ Phone: _____			
TOTAL THIS PAGE			\$

(PLEASE TURN OVER)

11. Name _____ Mailing Address: _____ _____ Phone: _____			
12. Name _____ Mailing Address: _____ _____ Phone: _____			
13. Name _____ Mailing Address: _____ _____ Phone: _____			
14. Name _____ Mailing Address: _____ _____ Phone: _____			
15. Name _____ Mailing Address: _____ _____ Phone: _____			
16. Name _____ Mailing Address: _____ _____ Phone: _____			
17. Name _____ Mailing Address: _____ _____ Phone: _____			
18. Name _____ Mailing Address: _____ _____ Phone: _____			
19. Name _____ Mailing Address: _____ _____ Phone: _____			
20. Name _____ Mailing Address: _____ _____ Phone: _____			
21. Name _____ Mailing Address: _____ _____ Phone: _____			
22. Name _____ Mailing Address: _____ _____ Phone: _____			

TOTAL THIS PAGE

\$ _____