## **HOSPICE SWIMATHON 2018**

## SWIMMER SUMMARY SHEET

NAME OF SWIMMER	
ADDRESS	
TELEPHONE	
EMAIL ADDRESS	
NUMBER OF LAPS COMPLETED	
NOMBER OF EAR O'COM LETED	
TOTAL DOLLAR VALUE OF PLEDGES	
TOTAL AMOUNT OF PLEDGES TURNED IN TODAY	, 
TOTAL LEFT TO COLLECT	
Swimathon Volunteer / worker please count	the money turned in today to ensure that it is
equal to the amount noted above. Please in	itial beside the correct amount and place the he envelope and seal it. Thank you!
Please check this box if you consent for photos including your image to be used in	
future Greater Trail Hospice Society Swimathon advertising or promotional materials.	