SECOND WIND LUNG WALK
WALKER'S SPONSOR FORM

Use this form to keep track of your sponsors/donors. Be sure to fill out this form completely and turn it into your team captain two weeks prior to walk day **OR** if that is not possible, bring it with your pre-paid donations to check-in on walk day.

TEAM NAME:_____ **TEAM CAPTAIN**:_____

WALKER
NAME:_____

WALKER ADDRESS: _____
_____

DAY PHONE:_____EVENING PHONE: _____
E-MAIL:_____FAX _____

PERSONAL GOAL: $_____ TEAM GOAL: $ _____

TOTAL OF DONATIONS COLLECTED $_____

WALK SPONSORS		
Sponsor Name & Address	**Donation Amount**	**Collected**
1. John Smith 100 Main Street, Anytown, USA 12345	$25.00	✓