



**Race Days are September 30<sup>th</sup> and October 1<sup>st</sup>**

## Team EACS Pledge Form

Athlete's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

My Pledge will support the EACS Wellness Programs for students and staff!

By running/walking with EACS:

\_\_\_\_\_ Raised the minimum \$50 in sponsorships and my free TEAM EACS t-shirt size is: S, M, L, XL, XXL, XXXL

\_\_\_\_\_ I will not participate in the race but I would like to sponsor \_\_\_\_\_!

Sponsor First and Last Name	Address/City/State/Zip	Pledge Amount

Raise the minimum of \$50 and receive a TEAM EACS t-shirt to wear after you race! Please make checks payable to East Allen County Schools (Wellness programs in memo) Please return this form to East Allen County Schools by September 9<sup>th</sup> so we can order t-shirts.