

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 Assure Women's 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		
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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
<b>Cash Total</b>	<b>Check Total</b>	<b>Online Total</b>	<b>Grand Total</b>	<b>Add up your totals and check off your prizes on the back!</b>	
<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>		

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