

“Score for A Cure” Pledge Sheet

Participant Name:	Age:
Address:	Grade:
	Boy or Girl:
City:	Team Name:
State: Zip Code:	Team Type: Youth, Rising, JV, V, Elite (circle one)
e-mail address:	Season: Full Fall, Fall Finale Classic Only

Sponsor Name	Phone	Pledge Per team goal scored	Total games played	Total goals Scored	Total Sponsorship	Payment Status
Example – Jane Doe	999-999-9999	\$0.05	16	100	\$5.00	Paid Check
Example – John Doe	999-999-9999	-	16	100	\$50.00	Paid – online

Total Sponsorship _____

Pay Via Check _____ Credit Card _____ Amount to Pequannock Lacrosse “Score for A Cure” _____ Make Checks Payable to: Pequannock Lacrosse (Please note: “Score for a Cure” on comment Line) Mail by December 10 to: Pequannock Lacrosse, PO Box 56, Pompton Plains, NJ 07444, pay via credit card at www.pequannocklacrosse.com
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Please make sure to return this sheet along with your checks to Pequannock Lacrosse