



PLEDGE FORM



Participant's Name _____

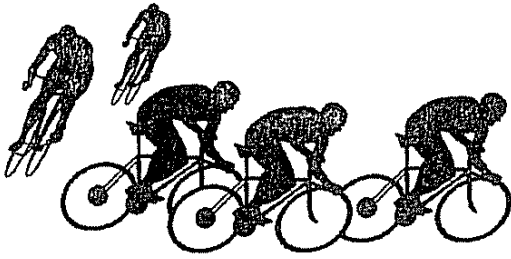
Teacher's Name _____

Grade _____ Blaine Edina



Marathon At Minnehaha Park, Mpls - October 3, 2009

Sponsor's First and Last Name	(<input checked="" type="checkbox"/>) Paid	Sponsor's Street Address	Total Pledge	Please check the appropriate box when collecting money after the marathon	Payment Enclosed	Mailed to CCS	
1	()						
2	()						
3	()						
4	()						
5	()						
6	()						
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11	()						
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13	()						
14	()						
15	()						
16	()						
17	()						
18	()						
Total Numbers of Sponsors		Total Pledges (\$ Amount)					



Thank You! for helping us at Calvin Christian School.

Blaine Campus 8966 Pierce Street NE (763) 785-0135
 Edina Campus 4015 Inglewood Ave S (952) 927-5304

Sponsor's First and Last Name	(<input checked="" type="checkbox"/>) Paid	Sponsor's Street Address	Total Pledge	Please check the appropriate box when collecting money after the marathon	Payment Enclosed	Mailed to CCS
19	()					
20	()					
21	()					
22	()					
23	()					
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26	()					
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37	()					
38	()					
39	()					
40	()					
Total Numbers of Sponsors (add both sides of pledge form)		Total Pledges (\$ Amount) (add both sides of pledge form)				