



Spina Bifida Association of Colorado
5K WALK/RUN/ROLL PLEDGE SHEET
Sunday–May 11th, 2008

	NAME	PHONE NUMBER	FLAT DONATION	COLLECTED
	Example: Mary Walker	303-555-1234	\$ 25.00	
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
7.			\$	
8.			\$	
9.			\$	
10.			\$	
11.			\$	
12.			\$	
13.			\$	
14.			\$	
15.			\$	
16.			\$	
17.			\$	
18.			\$	
19.			\$	
20.			\$	
TOTAL			\$	

Please turn in a copy of this sheet at time of registration
Pledge money must be received by May 11th, 2008
Make checks payable to SBAC

Participant Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____

