St. Michael's Elementary School

ST. MICHAEL'S PARISH WALKATHON

In Aid of our Parish School

FORM TO BE COMPLETED BY EACH STUDENT/PARTICIPANT

My Name is: _____ I belong to: _____
(Please print clearly) (Parish/School) (Grade)

My Address is: _____ My Phone # is: _____

I intend to walk: ☐ 5km ☐ 10km ☐ 15km ☐ 20km

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Thank you for sponsoring me on this walk! The amount can be given now or I will pick it up after the walk. Gifts of $20 and over are tax deductible. Please make cheques payable to **St. Michael's Parish.**

Full address including postal code must be provided to produce tax receipts.
If Sponsors are St. Michael's Parishioners, please put your envelope number or the letter "P" in the Parish Envelope # box.

SPONSOR'S NAME	SPONSOR'S ADDRESS	AMOUNT SPONSORED	TAX RECEIPT (Y/N)	PARISH ENVELOPE #	AMOUNT COLLECTED

TOTAL AMOUNT COLLECTED: _____