

"To Benefit Local Children & Adults With Disabilities"



Saturday,
May 3, 2008

(Rain Date: Sat., May 10)

9:00 A.M. to
2:00 P.M.

Photocopy Additional Sponsor Sheets, As Needed or visit www.delarc.org

Cyclist: _____

Address: _____

Phone Number: _____

School: _____

Please Print Clearly & Make Checks Payable to: The Arc of Delaware County

Sponsor Name	Address/Phone Number:	Flat Donation	Per Mile Pledge (30 mi. max.)	Total Pledge Due (# Miles X per/mile pledge)	Total Donation Collected
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
Page ____ of ____ Totals:					

* All Donations Due Bike-A-Thon Day OR by Noon 5/23/2008

Grand Total: \$ _____ (Total of All Pages)