



SK8 FOR A CAUSE SPONSOR FORM

Name: _____ Date: _____
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 Mailing Address: _____
 E-Mail Address: _____ Phone Number: _____

Please make checks payable to **Children's National Medical Center!**

DONOR NAME	ADDRESS	AMOUNT DONATED	CASH	CHECK	AMOUNT RECEIVED

Please make checks payable to Children's National Medical Center. Feel free to copy this Sk8 for A Cause Sponsor form if you need additional space.

Please bring your completed form with your donations with you on event day. Or you can drop them off prior to the event at the Fairfax Surf Shop.

If you have questions please contact our event manager, **Jimmy Callahan**
jimmy@skatefestfairfax.com