



## Sk8 for a Cause Sponsor Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 School \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please make checks payable to **Children's Hospital Foundation**

Donor Name	Address	Amount Donated	Cash	Check	Amount Received

Please make checks payable to Children's Hospital Foundation. 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 Jose James, Event Coordinator, at [Jose@skitravel.com](mailto:Jose@skitravel.com) or 703-425-5400 (ext. 18)**