SPONSOR FORM

911 Miles for 9/11 Heroes

Runner/Walker Name_____

Address_____

Telephone #:_____

Email Address_____

- ***Suggested - $3 per mile***

Sponsor Name	Full Address	Amount Sponsored Per mile	Number Miles Sponsored	Paid

Miles Completed:_____

Dates Run: _____

Witness Name: _____ **Witness Signature:**_____

(please print)

Please make checks payable to: Commack Educational Foundation. Kindly return the completed form and money to: Debbie Virga at Burr Inter. School

For further information please call Debbie Virga at 858-3626 or email at dvirga@commack.k12.ny.us