



SPONSOR AGREEMENT FORM

PARTICIPANT INFORMATION

First Name	M.I.	Last Name	
Street Address			
City () -	State () -	Zip	Country
Cell Phone Number	Work Phone Number		
Email Address			
Birthday / /	Full and Exact Team Name (if participating on a team)		

I, _____ (*print Participant's full legal name*), agree to complete the number of miles below between Memorial Day and Labor Day in the year of 2019:

- | | |
|--|---|
| <input type="checkbox"/> 100 miles (I am on a team of 9 people) | <input type="checkbox"/> 180 miles (I am on a team of 5 people) |
| <input type="checkbox"/> 115 miles (I am on a team of 8 people) | <input type="checkbox"/> 225 miles (I am on a team of 4 people) |
| <input type="checkbox"/> 130 miles (I am on a team of 7 people) | <input type="checkbox"/> 300 miles (I am on a team of 3 people) |
| <input type="checkbox"/> 150 miles (I am on a team of 6 people) | <input type="checkbox"/> 450 miles (I am on a team of 2 people) |
| <input type="checkbox"/> 900 miles (I am completing all 900 miles alone) | |
| <input type="checkbox"/> ___ miles (My team has split up the miles unevenly, and this is the amount I have agreed to complete) | |

I have talked with the below listed Sponsor and they have agreed to make a donation:

- ☐ For each mile my team completes (totaling 900 miles) ☐ Only for the miles I complete (listed above)

SPONSOR INFORMATION

First Name	M.I.	Last Name	
Company Name (if applicable)			
Street Address (Please check one: <input type="checkbox"/> This is a personal address (or) <input type="checkbox"/> This is a business address)			
City () -	State () -	Zip	Country
Cell Phone Number	Work Phone Number		
Email Address			

I, _____ (*print Sponsor's full legal name*), have agreed to sponsor the above listed participant in the 2019 Summer900 Challenge, as long as the above listed miles have been completed no later than September 2, 2019. I agree to make a donation to The Summer900 Challenge between the dates of September 3, 2019 and October 3, 2019 for the following amount:

- ☐ I, the above listed Sponsor, am donating for each mile the **team** completes (totaling 900 miles)
- ☐ I, the above listed Sponsor, am donating for each mile the participant completes (listed above in Participant Information)

Amount **per mile**: \$ _____.

If all miles are completed, I will be making a donation totaling: \$ _____.

Signature of Participant:	_____	Date Signed: ____/____/____
Signature of Sponsor:	_____	Date Signed: ____/____/____