



SPONSORSHIP FORM



Runner/Walker Name _____
 School/Org. affiliation _____
 Phone # _____ Email _____
 Address _____

Sponsor name	Mailing address	Email	\$ per Km	Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

TOTAL: \$

MAKE CHECKS PAYABLE TO: Kupenda for the children PO Box 473 Hampton NH 03843