



2019 TOWERS JOG-A-THON MARCH 20, 2019

Participant: _____

Teacher _____ Room _____ Grade _____

I completed _____ laps!

(DO NOT write your "completed" laps. This will be filled in for you AFTER the Jog-A-Thon.)

USE YOUR SOCIAL MEDIA for more Sponsors!!

Make Checks to "Towers PTA"

Online payments at getmovincrew.com (Convenience fee applies)

COMPLETE BEFORE JOG-A-THON (Average Laps= 20)				COMPLETE AFTER JOG-A-THON	
SPONSOR NAME	EMAIL	PLEDGE PER LAP (ex. \$1,\$2)	FLAT DONATION	LAPS RUN	AMOUNT COLLECTED

***As the parent/guardian of the above named student, I give permission for my child to participate in the Jog-A-Thon. I agree to oversee sponsor sign-ups, manage collections and submit pledges in a prompt and timely manner.**

Parent's Signature _____