



## Wednesday June 20<sup>th</sup> SPONSORSHIP FORM 2018

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_ Total No. of Laps: \_\_\_\_\_  
First and Family \_\_\_\_\_

**Child's Lap Goal:** \_\_\_\_\_ One lap is 220m long. Students can run, jog or walk as many laps as they can in a 20 minute period. Sponsors can donate a total amount or an amount per lap.

|    | Sponsor's Name | Amount per Lap | Total sponsored | Amount Received |
|----|----------------|----------------|-----------------|-----------------|
| 1  |                |                |                 |                 |
| 2  |                |                |                 |                 |
| 3  |                |                |                 |                 |
| 4  |                |                |                 |                 |
| 5  |                |                |                 |                 |
| 6  |                |                |                 |                 |
| 7  |                |                |                 |                 |
| 8  |                |                |                 |                 |
| 9  |                |                |                 |                 |
| 10 |                |                |                 |                 |
| 11 |                |                |                 |                 |
| 12 |                |                |                 |                 |
| 13 |                |                |                 |                 |
| 14 |                |                |                 |                 |
| 15 |                |                |                 | <b>TOTAL:</b>   |

Please could your child bring this sponsorship form to the Class Teacher on Lap-a-thon day, June 20<sup>th</sup> 2018 so that results can be recorded.

**TO BE ELIGIBLE FOR PRIZES. ALL MONEY IS DUE ON OR BEFORE Thursday 19<sup>th</sup> JULY (first week back term 3). Please return this sponsorship form and money to the class teacher or school office. Please note, all sponsorship forms must be returned for record keeping purposes.**

Thank you for your support of Graceville State School Chaplaincy : )

☐ **PREFERRED PAYMENT METHOD CREDIT CARD** <https://www.suqld.org.au/donate> (click on "Choose where my gift goes" button and then type in Graceville SS Chaplaincy)  
☐ **CASH**  
☐ **CHEQUE**  
☐ **DIRECT DEPOSIT** BSB 084004 Account: 833694350 Reference: Donor name and 16926  
 (Graceville State School)

Donation Amount \$.....

☐ Tick Box for Tax  
Deductible Receipt

Name of child:.....Class: .....