



PLEASE MAKE CHECKS
PAYABLE TO:
AMERICAN RED CROSS



Adventureland Day Camp

Name of School or Group
(Please Print Firmly)

SWIM·A·CROSS SPONSOR SHEET

NAME OF SWIMMER _____ AGE _____

ADDRESS _____

ZIP CODE _____ PHONE _____ SWIM DATE _____

* Parental Consent Signature _____

SWIMMER'S PLEDGE: Maximum no. lengths - 50 — or swim time allowed - 30 minutes

I, _____, pledge to swim for _____ pool lengths to help the Red Cross provide needed services to the community.

Place of Swim _____ Date: _____ Time: _____

BRING THIS FORM WITH YOU TO BE VALIDATED AT TIME OF SWIM.

SPONSOR'S NAME	Address	Zip Code	Pledge per length	Total Amount Pledged	Amount Collected
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

Date that the pledges will be collected. _____

SPONSOR: Please do not pledge fractions of cents. Your cooperation in making advance payment of your pledge, based on the swimmer's commitment, is deeply appreciated and assures that all of your tax-deductible gift will be used to benefit the Red Cross.