4th Annual Grand Ledge Lacrosse Pledge Walk/Run
Sunday, April 17th - 2:00

Participants Name: _____
Address: _____
City, State, Zip:_____
Phone Number:_____
Coach:_____

I will be participating in the 4th Annual Grand Ledge Lacrosse Run. The funds collected will be used to purchase uniforms, equipment and much more. **I hope you can help by sponsoring me.** **_____ laps completed _____ coaches initials**

	Name	Address	Phone #	Email	Total
1					$
2					$
3					$
4					$
5					$
6					$
7					$
8					$
9					$
10					$
11					$
12					$
13					$
14					$
15					$

Please make checks payable to Grand Ledge Lacrosse Club (GLLC) Total _____

Your participation is essential to the success of our program!! With each player collecting a minimum of $75 in pledges we will be able to obtain our goal.

Thank you for your continued support!!!