

It's time for the Annual **Special Olympics Hamilton County Athlete Dance-a-thon!**



Friday, October 27

Name: _____

Dear Family and Friends,

I am participating in the **Special Olympics Hamilton County Dance-A-Thon**. All proceeds will help fund **our activities through-out the year**. All sponsorship payments are due the night of the event. Make checks payable to **SOHC**. All contributions are tax-deductible.

I plan to raise at least _____ for **Special Olympics Hamilton County**.

Thank you!

	Name of Sponsor	Email address	Amount Collected from Sponsor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Participants:

Each athlete is required to raise a minimum of \$50 to participate in the dance night festivities.

Please bring this form and all funds to the dance on October 27th.

