



Event Date: Saturday, March 30, 2018
 Location: Lamoille Union High School, Hyde Park, VT

Registrant Pledge/Donation Form

Thank you for fundraising on behalf of Lamoille County Mental Health Services

Full name (please print clearly) _____ Team Name (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Total Funds Raised: \$ _____

To qualify for event recognition and award ceremony all donations must be submitted to LCMHS by the day of the Zumbathon.

	Name	Address, City, State, Zip	Phone	Amount
1				
2				
3				
4				
5				
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10				