



Collect pledges online at [www.4kidsake.org](http://www.4kidsake.org) or fill out the pledge sheet below and bring to the event for admission.

### COACHES CHALLENGE

Please select 1: (Required)



Local supporting coach: \_\_\_\_\_

FUNDRAISER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_ TEAM NAME \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

**If a donor's employer offers matching funds, please indicate so. Companies require submitted forms and date of payment before KSBBBS receives the matching funds. Go to [4kidsake.org](http://4kidsake.org) for a complete list. Please include donor emails for billing. If you have pre-entered online sponsors, please print and bring to event.**

1.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/> PAID
	CITY _____	STATE _____ ZIP _____	EMAIL ADDRESS FOR BILLING _____	TELEPHONE _____	
2.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/> PAID
	CITY _____	STATE _____ ZIP _____	EMAIL ADDRESS FOR BILLING _____	TELEPHONE _____	
3.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/> PAID
	CITY _____	STATE _____ ZIP _____	EMAIL ADDRESS FOR BILLING _____	TELEPHONE _____	
4.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/> PAID
	CITY _____	STATE _____ ZIP _____	EMAIL ADDRESS FOR BILLING _____	TELEPHONE _____	
5.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/> PAID
	CITY _____	STATE _____ ZIP _____	EMAIL ADDRESS FOR BILLING _____	TELEPHONE _____	
6.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/> PAID
	CITY _____	STATE _____ ZIP _____	EMAIL ADDRESS FOR BILLING _____	TELEPHONE _____	
7.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/> PAID
	CITY _____	STATE _____ ZIP _____	EMAIL ADDRESS FOR BILLING _____	TELEPHONE _____	
8.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/> PAID
	CITY _____	STATE _____ ZIP _____	EMAIL ADDRESS FOR BILLING _____	TELEPHONE _____	
9.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/> PAID
	CITY _____	STATE _____ ZIP _____	EMAIL ADDRESS FOR BILLING _____	TELEPHONE _____	
10.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/> PAID
	CITY _____	STATE _____ ZIP _____	EMAIL ADDRESS FOR BILLING _____	TELEPHONE _____	



**INDIVIDUAL GOAL \$160**  
Minimum Required to Receive a Commemorative GO BIG T-Shirt

**TEAM GOAL \$960**

**PLEASE FILL IN ALL TOTALS**

Sponsors billed \$ \_\_\_\_\_

Cash/checks attached \$ \_\_\_\_\_

Website \$ \_\_\_\_\_

Matching Funds \$ \_\_\_\_\_

Total pledges \$ \_\_\_\_\_