Total _____

Nashoba Learning Group

Providing help for children with autism and hope for their families

July 17, 2010 Fundraising Bike Ride Sponsor Sheet

Name (please print)	**Participant Signature**	**Date**
Address	**Parent or Guardian Signature**	**Date**
City, State, Zip		
Phone		**Miles traveled**

☐ I will ride the 25 mile route on July 17, 2010

☐ I will ride the 50 mile route on July 17, 2010

Sponsors (please make check payable to Nashoba Learning Group)

Sponsor's Name	Address	Phone	Pledge per Mile	Flat Pledge	Total Collected