

3rd Annual Soaring Eagle 5K/1K

St. John Catholic School



Sponsorship Agreement Company Name: _____

Contact Name: _____

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Method of Payment (Circle One): Cash /Check /Credit Card

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Exp. Date: _____

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Sponsorship Package: _____

Amount: _____

Signature: _____

Date: _____

Send completed form and high resolution logo to:
Wilma.wilson@sjseagles.org