



MTAC-WLA MSSL

2014 PRACTICE-A-THON Sponsor Sheet

practicing must be completed by April 1, 2014

Name of Student: _____ e-mail: _____ Phone: () _____

Student Address (please include city & zip code) _____

Name of Teacher: _____ e-mail: _____ Phone: () _____

Name of School: _____ Student Birth Date: _____ Student Grade _____

mm/dd/yy

MSSL Member (circle one): YES NO

PRACTICE LOG (record the number of hours practiced for each day to the nearest ¼ hour):

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Total Hours

Total Hours: _____ Total \$ amount collected: _____ Total # of checks enclosed: _____

SPONSORS:

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

\$ Amount pledged per hour: _____ \$ Amount pledged per hour: _____ \$ Amount pledged per hour: _____

Maximum total \$ amount: _____ Maximum total \$ amount: _____ Maximum total \$ amount: _____

\$ AMOUNT COLLECTED: _____ \$ AMOUNT COLLECTED: _____ \$ AMOUNT COLLECTED: _____

please make all checks payable to MTAC FOUNDATION

ADDITIONAL SPONSORS (reprint page as necessary):

Name: _____

Phone: _____

\$ Amount pledged per hour: _____

Maximum total \$ amount: _____

\$ AMOUNT COLLECTED: _____

Name: _____

Phone: _____

\$ Amount pledged per hour: _____

Maximum total \$ amount: _____

\$ AMOUNT COLLECTED: _____

Name: _____

Phone: _____

\$ Amount pledged per hour: _____

Maximum total \$ amount: _____

\$ AMOUNT COLLECTED: _____

Name: _____

Phone: _____

\$ Amount pledged per hour: _____

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