

SPONSORSHIP FORM

Community Knots Stitch-a-Thon! Get sponsored to make three projects before the December 1, 2018 event to be donated to local shelters. Top sponsors will receive prizes!

- Please bring completed sponsorship form and all monies to the Community Knots Stitch-a-Thon on Saturday, December 1, 2018 Tax receipts will be provided for pledges \$10 and over.
- Please pledge **by** cash or cheque (credit card donations can be made over the phone or at the event). Cheques payable to **Kawartha Sexual Assault Centre**. **Contact the Centre at 705-748-5901 or email lclarke@kawarthasac.ca with any questions or to call in credit card sponsorships. Thank you so much for your support!**

REGISTRATION INFO.

Please include the information below on all sponsorship forms (please print clearly in ink):

First Name _____

Last Name _____

Address _____

City _____

Province _____ Postal Code _____

Telephone _____

Email _____

Yes, I would like to receive KSAC newsletters through my email.

Team (if any) _____

Cheques (on form) \$ _____

Cash (on form) \$ _____

Credit Card (phone in) \$ _____

Credit Card (at event) \$ _____

Total: \$ _____

1.	First Name _____	Last Name _____	Address _____	City _____	Province _____	Postal Code _____	Pledge Amount \$ _____	Tax Receipt? <input type="checkbox"/>
	Telephone _____	Email _____	<input type="checkbox"/> Yes, I would like to receive KSAC newsletters by email			Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Paid? <input type="checkbox"/>
2.	First Name _____	Last Name _____	Address _____	City _____	Province _____	Postal Code _____	Pledge Amount \$ _____	Tax Receipt? <input type="checkbox"/>
	Telephone _____	Email _____	<input type="checkbox"/> Yes, I would like to receive KSAC newsletters by email			Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Paid? <input type="checkbox"/>
3.	First Name _____	Last Name _____	Address _____	City _____	Province _____	Postal Code _____	Pledge Amount \$ _____	Tax Receipt? <input type="checkbox"/>
	Telephone _____	Email _____	<input type="checkbox"/> Yes, I would like to receive KSAC newsletters by email			Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Paid? <input type="checkbox"/>
4.	First Name _____	Last Name _____	Address _____	City _____	Province _____	Postal Code _____	Pledge Amount \$ _____	Tax Receipt? <input type="checkbox"/>
	Telephone _____	Email _____	<input type="checkbox"/> Yes, I would like to receive KSAC newsletters by email			Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Paid? <input type="checkbox"/>
5.	First Name _____	Last Name _____	Address _____	City _____	Province _____	Postal Code _____	Pledge Amount \$ _____	Tax Receipt? <input type="checkbox"/>
	Telephone _____	Email _____	<input type="checkbox"/> Yes, I would like to receive KSAC newsletters by email			Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Paid? <input type="checkbox"/>

RELEASE WAIVER AND INDEMNITY - PLEASE READ CAREFULLY: I acknowledge there are risks, however minimal, to participating at and volunteering at Community Knots. I release the Kawartha Sexual Assault Centre, its Board of Directors, staff, sponsors, event participants, volunteers and partner organizations from all legal liability and claims regardless of cause, including negligence.

I authorize Kawartha Sexual Assault Centre and its partner organizations and sponsors to use any video or photos in which I appear for promotional purposes.

As a parent/guardian for the minor(s) identified by my signature, I authorize their participation and/or volunteering at Community Knots under the same terms as noted above.

By submitting this entry, I acknowledge having read, understood and have agreed to the above:

SIGNATURE (Participant over 18, or parent/guardian if under 18)

DATE