



NJ Marathon TSF Sponsor Form



Runner's Name (first, last) _____
 Mailing Address _____
 City, State, Zip _____
 Telephone # _____ am/pm
 Email Address _____

Please make all Checks Payable the Turner Syndrome Foundation

Please check all that apply: I plan to participate in

- 3-Mile Fun Run Kid's 1.2-Mile Marathon Kids Races Marathon 1/2Marathon Marathon Relay

THANK YOU VERY MUCH FOR YOUR SUPPORT!

All donations must be made payable to: Turner Syndrome Foundation and are to be collected by May 16, 2010 or you can go to www.turnersyndromefoundation.org and donate using a credit card.

This a prepaid run. Collect money from sponsors before the event. Enclose donations in this envelope. Please hand in the day of the

| Name | Address | City, State, Zip | Amount |
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Total Amount

Participants or Parent/Legal Guardian Signature _____ **Date** _____

