

# Franklin Elementary School 2015-2016



Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Parent Contact Name: \_\_\_\_\_

Parent Number/E-Mail Address: \_\_\_\_\_

Number of Laps Run/Walk: \_\_\_\_\_(to be filled out on event day)

Sponsor's Name	Pledge \$ Amount	Collected? (X)

Please bring the completed form with a check made out to "Franklin PTA" or parents collect the donations and pay online at [www.myschoolanywhere.com](http://www.myschoolanywhere.com) by no later than Monday, September 21st! PLEASE DO NOT SEND CASH!!  
THANK YOU FOR YOUR SUPPORT OF FRANKLIN SCHOOL!!