

| Swimmer's Name:   | Lap-a-thon Donation Form | Return Form with donation by June 24th |                |  |  |
|---|--------------------------|--|----------------|--|--|
| All proceeds from the 2016 Lap-a-thon will be donated to Children's Health Care of Atlanta. |                          |  |                |  |  |
| Sponsor Name  | Contact Info             | Amount per Lap<br>or Flat Donation     | Number of Laps | Total Amount   |  |
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| <b>Total Amount Contributed</b>   |                          |  |                | \$   |  |
|   |                          |  |                | Cash or Check<br>accepted. Please make<br>checks Payable to<br>CHOA. |  |