



2019



DANCER'S NAME: _____ STUDIO: _____

DANCE EXPERIENCE: (please check one) BEGINNER 1-3 years experience INTERMEDIATE 4-6 years experience ADVANCED 6+ years experience

PLEASE NOTE, A MINIMUM OF \$25 IN TOTAL PLEDGES IS REQUIRED TO PARTICIPATE

PLEDGE NAME	FULL MAILING ADDRESS (FOR TAX RECEIPT)	AMOUNT	RECEIVED
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TOTAL CHEQUE: TOTAL CASH: GRAND TOTAL:

Please make all cheques payable to SickKids. Submit completed form with enclosed cheque/cash to the check-in station upon arrival at the event. Tax receipts can be issued for any donation over \$25. Please indicate by checking the box next to your donation if you require a receipt.

Additional pledge sheets can be downloaded at www.onthefloor.ca. Thank you for your support!