

# 12TH ANNUAL DIAMOND OAK & KIDS DIAMOND RUN

Name of Runner: \_\_\_\_\_

SPONSOR NAME	Total AMOUNT COLLECTED	PAID	SPONSOR NAME	Total AMOUNT COLLECTED	PAID
SAMPLE	\$10.00	X	13.		
1.			14.		
2.			15.		
3.			16.		
4.			17.		
5.			18.		
6.			19.		
7.			20.		
8.			21.		
9.			22.		
10.			23.		
11.			24.		
12.			25.		



Please Make CHECKS PAYABLE to THE OAK CLINIC.  
**THANK YOU FOR YOUR PARTICIPATION!**

**TOTAL**

Please RETURN this COMPLETED FORM, along with ANY SPONSORSHIPS, to the CLINIC BY THURSDAY, MAY 2, 2024.

## TICKET & T-SHIRT ORDER FORM

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOW WOULD YOU LIKE TO PAY?

AMOUNT: \_\_\_\_\_  CHECK ENCLOSED  
Please Make CHECKS PAYABLE To THE OAK CLINIC

CREDIT CARD:  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

NAME ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION: \_\_\_\_\_ CVS: \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_

T-SHIRTS CAN BE PURCHASED FOR \$15 EACH:

EVERY PARTICIPANT THAT RAISES OVER \$35 WILL GET A FREE T-SHIRT!

ADULT SIZES

SMALL QTY \_\_\_\_\_  MEDIUM QTY \_\_\_\_\_  LARGE QTY \_\_\_\_\_

X-LARGE QTY \_\_\_\_\_  2X-LARGE QTY \_\_\_\_\_  3X-LARGE QTY \_\_\_\_\_

CHILD SIZES

SMALL QTY \_\_\_\_\_  MEDIUM QTY \_\_\_\_\_  LARGE QTY \_\_\_\_\_

Total # T-SHIRTS \_\_\_\_\_ X \$15 ea = \_\_\_\_\_

TICKETS CAN BE PURCHASED FOR \$10 EACH:

Total # TICKETS \_\_\_\_\_ X \$10 ea = \_\_\_\_\_

Do you Need accessible seating?  YES  NO

**TOTAL DUE FOR TICKETS & T-SHIRTS: \$** \_\_\_\_\_

**MAIL YOUR ORDER FORM TO THE OAK CLINIC:  
3838 MASSILLON RD STE. 360 • UNIONTOWN, OH 44685 (PLEASE MAKE CHECKS PAYABLE TO THE OAK CLINIC)**