

13TH ANNUAL kids diamond run SPONSORSHIP FORM

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.		



The Oak Clinic

Please make checks payable to The Oak Clinic.
Thank you for your participation!

TOTAL

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 each = _____

EARNED T-SHIRT (with \$35 sponsorship) Size: _____ **FREE**

TICKETS CAN BE PURCHASED FOR \$10 EACH:

Total # TICKETS _____ X \$10 each = _____

Do you need accessible seating? Yes No

TOTAL DUE FOR TICKETS & T-SHIRTS: \$ _____

Please return this completed form, along with any sponsorships, to The Oak Clinic by Thursday, April 24, 2025.

MAIL YOUR ORDER FORM TO THE OAK CLINIC:

3838 Massillon Rd., STE 360 · Uniontown, OH 44685 (Please make checks payable to The Oak Clinic)