

9th Annual DIAMOND OAK Sponsorship Form

Name: _____

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

BE SURE TO TURN IN YOUR SPONSOR FORM TO THE OAK CLINIC BY JUNE 25, 2021

TICKET & T-SHIRT ORDER FORM

NAME: _____ PHONE: (____) _____

EMAIL: _____
(REQUIRED - TICKETS WILL BE EMAILED DIRECTLY FROM THE RUBBERDUCKS - PLEASE PRINT CLEARLY)

Do you need handicap accessible seating? YES NO

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: _____

Every participant that raises over \$35

FREE T-Shirt (with collected donations) will also get a FREE T-SHIRT!

Child S Child M Child L Adult S Adult M Adult L

T-SHIRTS CAN BE PURCHASED FOR \$10 EACH:

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 \$10 ea = _____

TICKETS CAN BE PURCHASED FOR \$8 EACH:

Each participant gets a FREE TICKET! FREE TICKET for participation _____

Additional # of TICKETS _____ x \$8 ea = _____

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

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