St. Margaret Mary
JOG-A-THON

NAME:_____

GRADE/TEACHER:_____

MY CHILD HAS MY PERMISSION TO PARTICIPATE IN THE JOG-A-THON.
PARENT'S SIGNATURE:_____

PLEDGES

NAME	AMOUNT PER LAP OR TOTAL PLEDGE(PLEASE INDICATE)	PAID

PLEASE RETURN TO SCHOOL BY APRIL 25TH.