

THANK YOU FOR SPONSORING THIS SWIMMER!

**McHENRY MARLINS
AQUATIC CLUB**



Swimmer: _____ Age: _____

SPONSOR NAME (Please Print)	ADDRESS	SIGNATURE	PLEDGE PER LENGTH	LENGTHS COMPLETED	TOTAL AMOUNT	PAID DATE

Please make checks payable to MMAC. MMAC is a non-profit organization. A portion of your donation may be tax-deductible.