Participant Fundraising Form

Proceeds benefit The Arc of the Piedmont. This program ensures the full community inclusion and participation for all people with developmental disabilities.

Participant's Name: _____Team Name: _____

Date: Sunday December 3, 2017 Where: The Sprint Pavilion on the downtown mall. Checks to be made payable to: The Arc of the Piedmont. For more information, call (434) 977-4002 or mail to: 509 Park Street Charlottesville, VA 22902.

Sponsor's Name	Mailing Address	City, State, Zip	Phone	Contribution
			Total Enclosed:	$

THE GREAT CHARLOTTESVILLE SANTA FUN RUN & WALK

The Arc of the Piedmont