

<b>Name of Participant</b>	
<b>Phone #</b>	

**OASIS DUFFERIN COMMUNITY CENTRE  
SPONSOR SHEET**

<b>SPONSOR'S NAME (PRINT)</b>	<b>ADDRESS – IF RECEIPT REQUIRED (INCLUDE POSTAL CODE)</b>	<b>TELEPHONE #</b>	<b>AMOUNT PLEGDED</b>	<b>AMOUNT COLLECTED</b>
			<b>TOTAL COLLECTED:</b>	<b>\$</b>

**NOTE: A TAX RECEIPT WILL BE ISSUED FOR AN AMOUNT OF \$10 AND OVER**