RUNNING CLASS (circle one)							
1A	1B	3	5	8			

FISHERS ISLAND FIRE DEPARTMENT PETER D. SANGER MEMORIAL SEA STRETCHER MARATHON **REGISTRATION & LIST OF SPONSORS**

RUNNER'S NUMBER Assigned day of Race

RUNNER'S NAME (please print) ______

STREET______CITY, STATE, ZIP_____

Sponsors will print their name and home address in the form below.

One bill will be sent to each sponsor showing all runners they sponsored and amounts due.

PLEASE PRINT ALL INFORMATION	RINT ALL INFORMATION PLEASE PRINT COMPLETE HOME MAILING ADDRESS NEATLY		EACH PLEADGE MUST TOTAL \$5.00 OR MORE	
SPONSOR'S NAME	(IF FISHERS ISLAND, SHOW PO BOX)	\$ PER MILE	\$ TOTAL	
M/M John & Mary Q. Public	16 Main Street, PO Box 100, Yourtown, NY 12345	345 4.00		