



St. Edward-Epiphany Catholic School
4th Annual 5K Eagle Challenge

Name
Address
City, State Zip

Name as you would like it to appear in recognition materials:

Contact Information:

Name	Phone Number	Email
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Pledge Amount: \$ _____

(Note: pledge commitment form must be received by October 1, 2010)

Payment for the SEES 5K Eagle Challenge:

- Payment Enclosed
- To be paid (check one): August September October

Signature _____ **Date** _____

Please complete, noting any corrections, and return by October 1, 2010 to:

5K Eagle Challenge
St. Edward-Epiphany School
10701 Huguenot Road
Bon Air, VA 23235

Phone: 804.272.2881
FAX: 804.327.0788
www.seeschool.com

Thank you for making an investment in St. Edward-Epiphany Catholic School