

CAPNCM ZOMBIE RUN

7PM, OCTOBER 22ND, 2016

Sponsor Information

Contact Name: _____

Organization or Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell Phone: _____ email: _____

Website: _____

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Total Enclosed \$ _____

Sponsor Levels

\$50 - \$99 : Creepers

\$100 - \$199 : Crawlers

\$200+ : Bonies

Please return form to and make checks payable to:

CAPNCM
c/o Zombie Run
1506 Oklahoma Ave
Trenton, MO 64683

Signature: _____ Date: _____

Sponsor approval is at the sole discretion of CAPNCM. We reserve the right to deny any application for this event.

HAVE FUN!

