LAW ENFORCEMENT TORCH RUN® FOR SPECIAL OLYMPICS GEORGIA

Runners Name _____

Agency or Department _____

Address _____

City/State/Zip _____

Work Phone _____

Email _____

2011 Law Enforcement Torch Run
Runner Pledges

Instructions:

1. **Fill out form with your information**
2. **Solicit and collect pledges using this pledge form**
3. **Turn in pledge form and monies to your Department Coordinator before the Run**

Sponsor's Name	Address	City/State	Amount Pledged	Amount Paid	Payment Method