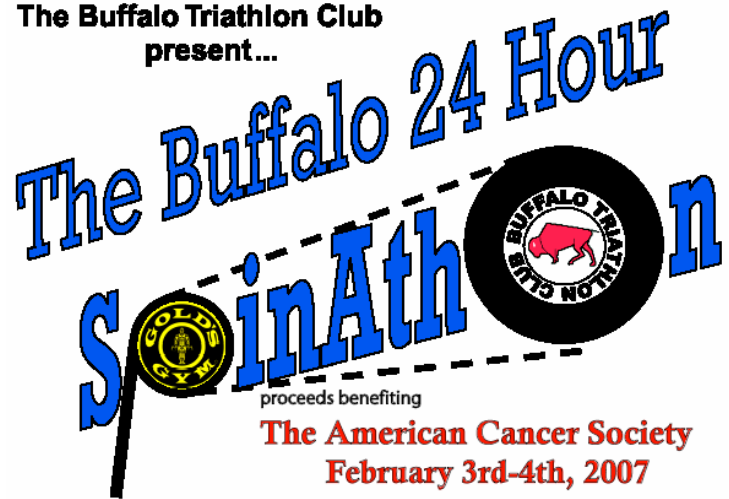


Gold's Gym &
The Buffalo Triathlon Club
present...



Pledge Form

Rider's Name: _____
 Are you riding for a team? Yes/No (circle one) Team Name: _____
 Daytime Phone: () _____ Evening Phone: () _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____

Sponsor's Name & Phone # *(All pledges due the day of the event with a min. of \$25/rider)*	Amount Pledged	Cash/Check
Eg. John Spinmahn (716-555-1234)	\$25.00	check
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

All checks made payable to The American Cancer Society