CARTWHEEL-A-THON

Kids Helping Kids

MAKE-A-WISH
ILLINOIS CHAPTER

Gymnast's Name _____ Phone #_____

# of Cartwheels performed _____ Instructor _____ Email address _____

Class _____ Day _____ Time _____

Sponsor's Name	Phone #	Address	$ per # of Cartwheels	or	Donation	Total Due	Date Pd.

Make checks payable to:
The Make-A-Wish Foundation of Illinois
(Please do not send checks directly to Make-A-Wish for tracking purposes)

TOTAL COLLECTED - $ _____

* PLEASE PICK UP GIFTS AT THE FRONT DESK