



WAVES OF HOPE

2011 Waves of Hope Swimmer Sponsor Form

Sponsor's Name and Address	Amount Collected
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____
4. _____ _____	_____
5. _____ _____	_____
6. _____ _____	_____
7. _____ _____	_____
8. _____ _____	_____
9. _____ _____	_____
10. _____ _____	_____

Total Collected _____

Website: <http://www.WavesOfHopeSwim.org>

Email: WavesOfHopeSwim@yahoo.com

Waves of Hope Swim

Make Checks Payable to: Waves of Hope Swim

A Juvenile Diabetes Research Foundation Benefit

I, _____ will be participating in the Waves of Hope Swim on August 15, 2011. Proceeds from the Swim will benefit the Juvenile Diabetes Research Foundation (JDRF).

I will be participating in (check one):

The 2 mile open water swim, beginning at approximately 10:00 AM at the Narrasketuck Yacht Club in Amityville, following the shoreline and ending at the Amityville Village Beach. The total distance of the swim is 2.0 miles.

The 1 mile open water swim, beginning at approximately 10:00 AM at the Narrasketuck Yacht Club in Amityville, following the shoreline and ending at the Amityville Village Beach. The total distance of the swim is 1.2 miles.

The beach lap swim, beginning at approximately 10:00 AM, will take place within the confines of the Amityville Beach facility. Each lap measures 1/10 mile. I hope to complete _____ laps.

Please make checks payable to the Waves of Hope Swim and mail to:

**Waves of Hope Swim
P.O. Box 806
Amityville, N.Y. 11701-0806**

In the event that the swim can not be held due to weather conditions or for any other reason, all donations will still be accepted.

Thank you for your contribution.

Swimmer's name and address

Website: <http://www.WavesOfHopeSwim.org>

Email: WavesOfHopeSwim@yahoo.com

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