

# PUSH & PULL FOR WARRIORS SPONSOR SHEET

Event ID: P229377

Team Name: \_\_\_\_\_

Team Captain (TC): \_\_\_\_\_ TC Signature: \_\_\_\_\_

TC Address: \_\_\_\_\_ TC Telephone #: \_\_\_\_\_

TC Email: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

\*Please note: All participants who are not a member of the center must sign a waiver.

Participant Completes these Sections After Doing the Push-Ups/Pull-Ups

	Sponsor Name	Team Member Initial	Contact Information	Amount Sponsor Will Pay Per Push-Up/Pull-Up	Total Amount Due from Sponsor (Amount per Push-Up/Pull-Up X Number of Push-Ups/Pull-Ups)	Paid
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
<b>Total Donation</b>					<b>\$</b>	

**Number of Push-Ups/  
Pull-Ups Completed:** \_\_\_\_\_

**Center Employee Initial:** \_\_\_\_\_

I would like to contribute in memory of: \_\_\_\_\_

I would like to contribute in honor of: \_\_\_\_\_

Yes, my company gives matching gifts; form attached.

Acknowledgement & Acceptance of Waiver: Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Wounded Warrior Project, Inc. ("WWP") is a Virginia nonprofit corporation recognized as tax-exempt under IRC § 501(c)(3). The mission of WWP is to honor and empower Wounded Warriors. WWP's purpose is to raise awareness and enlist the public's aid for the needs of injured service members, to help severely injured servicemen and women aid and assist each other, and to provide unique, direct programs and services to meet their needs. All donations made payable to WWP are fully tax deductible for federal income tax purposes.

Waiver: I understand that I am voluntarily participating in the event at my own risk and my own request. I hereby waive all claims against the RWJ Fitness & Wellness Center, or any event personnel, paid or volunteer, for any injury that I might suffer in this event. I also grant full permission for the free use of my name, picture, and voice in any broadcast, telecast, print account or any account in any medium used in connection with this event or future event at RWJ Fitness & Wellness Center.

**Please Complete your Push-Ups/Pull-Ups at  
our Center on November 14, 2016**

**Robert Wood Johnson Fitness & Wellness Center**  
100 Kirkpatrick St, STE 201  
New Brunswick, NJ 08901

**Submit Your Sponsor Sheet and Donations  
No Later than November 21, 2016 to:**

**Frederick Schenck, Training Manager**  
**Robert Wood Johnson Fitness & Wellness Center**  
100 Kirkpatrick St, STE 201  
New Brunswick, NJ 08901

**All donations should be by check and made payable to the Wounded Warrior Project®**