

The day of the letter drive bring this form filled out with 10 LEGIBLE Addresses and 20 STAMPS or money to purchase 20 stamps. Thank you for your support!

Athlete Name: _____

Grade: _____

1 Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

2 Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

3 Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

4 Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

5 Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

6 Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

7 Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

8 Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

9 Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

10 Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____