



Inaugural **KickAids**
 3v3 Soccer Tournament
 For the Benefit of Grassroot Soccer
 October 13 & 14
 Valley Fields, Marquette University



Pledge Form

PARTICIPANT'S NAME _____	EMAIL _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____
DAYTIME PHONE _____	EVENING PHONE _____

Every dollar helps! Please try to raise enough funds to be awarded a prize. To be eligible for prizes, all pledge dollars must be turned in no later than October 14, 2006. Please include this form with your pledge dollars. Additional pledge information can be written on the reverse side. Please have donors prepay with checks payable to "Grassroot Soccer". Contributions are tax deductible. Thank you for all of your efforts!

SPONSOR'S NAME	ADDRESS/CITY/STATE	ZIP	AMT. PLEDGED	AMT. RECV'D
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL				

FOR MORE INFORMATION ON GRASSROOT SOCCER VISIT
WWW.GRASSROOTSOCCER.COM
 PARTICIPANT PLEDGE PRIZE INFORMATION AVAILABLE AT
WWW.EXCELLENCECLINIC.COM AND WWW.GOMARQUETTE.COM