

FRIDAY, APRIL 30, 2010
UPPER SCHOOL SPRING FUNDRAISER

"Bayshore's D-Licious D-Cathlon Team Relay and Cook-Out"

WHAT? Upper School (Middle and High School) students are invited to form teams to participate in this year's D-Cathlon. The event will take place at the same time as the Lower School's Walkathon.

TEAMS? Teams may have from four (4) to six (6) members. Teams may be formed by grade, interest, sports group, etc. Students must "name" their teams and are encouraged to have team colors, themes, t-shirts, etc. Each team must create a "team flag".

DONATIONS? To participate on a team and the cook-out, EACH student must bring in at least \$50 in donations. Students may get corporate or business sponsors, and they may bring in smaller donations that will total \$50.

HELPERS? We need student and faculty and parent helpers! Contact Mrs. Vath to volunteer your time!

APPROXIMATE SCHEDULE?

9:30 Opening Ceremony / Parade of Teams (gymnasium)
10:00 Relays Begin
12 noon Closing Ceremony / Medal Presentations (gymnasium)
12:30 Cook-out on the Jay Property

PRIZES?

- 1st, 2nd, and 3rd Place Medals
- Dinner and a Movie for the Winning Team
- Bragging rights.

PARENT RESPONSE FORM

PARENTS, WE NEED . . .

- ___ Lots of volunteers on April 30
- ___ Set-up and clean-up
- ___ Relay spotters, timers, officials, encouragers, etc.

- ___ Food Donations (please indicate quantity)
 - ___ Water
 - ___ Soda
 - ___ Chips
 - ___ Cookies
 - ___ Relish
 - ___ Mustard
 - ___ Ketchup

PARENT NAME:

PHONE NUMBERS:

EMAIL:

*Please return this form to the school office or email Teresa Vath by Tuesday, April 27.
(tvath@bayshorechristianschool.org)*

BAYSHORE CHRISTIAN SCHOOL
2010 SPRING FUNDRAISER DONATIONS

Student's Name: _____ Grade/Teacher _____

Name: _____

Address: _____ ZIP: _____

Phone: _____ E-Mail: _____

Donation Amount: _____

Name: _____

Address: _____ ZIP: _____

Phone: _____ E-Mail: _____

Donation Amount: _____

Name: _____

Address: _____ ZIP: _____

Phone: _____ E-Mail: _____

Donation Amount: _____

Name: _____

Address: _____ ZIP: _____

Phone: _____ E-Mail: _____

Donation Amount: _____

Name: _____

Address: _____ ZIP: _____

Phone: _____ E-Mail: _____

Donation Amount: _____

2010 D-CATHLON TEAM ROSTER

Team Name:

Team Members (4 - 6)

Paid(Y/N)

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

***RETURN THIS FORM TO THE SCHOOL OFFICE BY
WEDNESDAY, APRIL 28, 9 A.M.***

EVENT SUGGESTION
FORM

*If you have a suggestion for a D-Cathlon Event,
please name the event and describe it
in detail below.*

RETURN THIS FORM TO THE SCHOOL OFFICE
BY THE END OF THE DAY, FRIDAY, APRIL 23.

EVENT NAME:

EVENT DESCRIPTION:

SUBMITTED BY: