



Project Fighting Chance Jab-a-thon Team Sign-Up Form

November 23, 2024

Ruben Campos Community Center (1717 W 5th Street, San Bernardino)

Thank you for signing up to participate in the Project Fighting Chance *Jab-a-thon*! Each team will contribute a total of \$2,500, which supports our programs dedicated to reducing childhood violence, aggression, trauma, obesity, and food insecurity. Your participation helps empower the youth in our community.

Team Information:

Team Name: _____

Team Captain's Name: _____

Team Captain's Contact Information:

Phone: _____ Email: _____

Team Member Information:

Please list the names and contact information of all 20 team members below. Each member will contribute towards the team's \$2,500 total participation donation.

| Team Member Name | Phone Number | Email Address |
|------------------|--------------|---------------|
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- 20.

Team Donation Payment Information:

The total team participation donation is \$2,500. You can make payments by check or online at www.projectfightingchance.org. Please complete your payment on or before November 16th.

Team Captain's Signature:

I, the team captain, acknowledge that our team will submit the \$2,500 participation donation by the deadline.

Signature: _____

Date: _____

Submit Form & Payment to:

For any questions or to submit your team's sign-up form, please contact:

Terry Boykin, Executive Director

Phone: (909) 838-9117

Email: director@projectfightingchance.org

Thank you for supporting the youth of our community and making a difference!



Project Fighting Chance Jab-a-thon

Team Fundraising Form

November 23, 2024

Ruben Campos Community Center (1717 W 5th Street, San Bernardino)

Thank you for joining the Project Fighting Chance *Jab-a-thon*! This event supports vital programs that help reduce childhood violence, aggression, trauma, obesity, and food insecurity. Your fundraising efforts will directly support our mission and give our youth the tools they need to thrive.

Use this form to collect pledges and donations from family, friends, and community members to support your team's participation.

Team Information:

Team Name: _____

Team Captain: _____

Team Member's Name: _____

Contact Information:

Phone: _____ **Email:** _____

Pledge Information:

Each team member is encouraged to raise at least \$125 to support Project Fighting Chance. Donors can pledge a flat amount or per job during the *Jab-a-thon* event.

| Donor Name | Phone/Email | Donation Type (Flat or Per Job) | Flat Amount | Amount per Job | Total Pledged |
|-------------------|--------------------|--|------------------------|---------------------------|----------------------|
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Total Amount Raised: \$ _____

(Please add all totals from the donor column)

Important Details for Donors:

- **Flat Donation:** A one-time donation regardless of the number of jobs completed.
 - **Per Job Donation:** A donation based on the total number of jobs thrown by the team. (e.g., \$0.10 per job × 1,000 jobs = \$100).
-

Signature:

Team Member Signature: _____

Date: _____

Submit Your Funds:

Once you've completed your fundraising, please submit your total donations to the team captain by **November 16, 2024**

For any questions, contact:

Terry Boykin, Executive Director

Phone: (909) 838-9117

Email: director@projectfightingchance.org

Thank you for your support! Your efforts help make a lasting impact on the lives of our youth.