



Hello Parents,

We will be launching our Adrenaline Fundraising Hour-A-Thon in the coming days and wanted to answer any questions you may have to gain participation. Fundraising is vital for the success of our program and we truly need to raise funds. The Adrenaline Fundraising Hour-A-Thon has an efficient process that helps the students raise money for a successful year.

All we ask is that each parent/guardian help their student gather 20-25 or more cell phone numbers of their biggest supporters i.e. "Parents, Grandparents, Aunts, Uncles, Cousins, Older Siblings, Family friends." Please have the phone numbers written on the attached call list.

*****Phone numbers are only used by your student for fundraising. They will not be entered anywhere except on their own cell phone*****

A text message will be sent with donation link, followed by a call from your student to each of his/her potential donors. Your student will explain why we are fundraising and the potential donors can decide if and how much they want to donate.

There are no emails to collect, or constant bombarding of emails going out to your friends and family for weeks. It is one hour, personalized text and phone call and that is it.

We are confident there are many people eager to support your student and the Hour-A-Thon program affords them the opportunity to help. This Fundraiser will be a success if you help develop a quality list.

If you have any questions about this program, please feel free to contact your coach.

Top Supporters:

- Mom & Dad
- Step Parents
- Brothers & Sisters (older)
- Grandma & Grandpa
- Aunts & Uncles
- Cousins
- Religious Members
- Co-Workers
- Neighbors
- Family Friends
- Holiday Card Lists
- Former Coaches

Other Possible Supports:

- Accountant
- Chiropractor
- Dentist
- Doctors
- Hair Stylist
- Insurance Agent
- Massage Therapist
- Mechanic
- Mortgage Broker
- Orthodontist
- Personal Trainer
- Real Estate Agent
- Veterinarian

Name: _____

Please gather 20+ or more cell phone numbers of your biggest supporters i.e. "Parents, Grandparents, Aunts, Uncles, Cousins, Family friends."

	NAME	CELL PHONE #	TEXT	CALL	DONATION	
1			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>