



# **LOBSTER DIP**

**“Maine’s Original Dip”**

## **Pledge Sheet**



Dippers Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Makes checks payable to:** Special Olympics Maine

**Sponsor:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Address: \_\_\_\_\_

**Thank you for your support!**  
**#LobsterDip2017**