



Hello Knight Wrestling Family!

We will be launching our Hour-A-Thon Fundraiser Challenge in the next few weeks 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 Hour-A-Thon Challenge has an efficient process in a competitive atmosphere that helps the students raise money in a short period of time, and teams from all over Texas have had tremendous success with it this season.

All we ask (most important step), is that each parent/guardian help their student athlete gather 20-25 or more cell phone numbers of their biggest supporters i.e. "Parents, Grandparents, Aunts, Uncles, Cousins, Older Siblings, Family and former college friends, etc." Please have the phone numbers written on the attached call list. These names & numbers are never shared!

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

A text message will be sent with the donation link, followed by a call from your student to each of his potential donors. Your student will then explain why we are fundraising and the potential donors can decide if and how much they want to donate. The donation window will be open for 7 days but the Hour-A-Thon is the most important time to raise money and get commitments.

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

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

Please contact your coach with any questions. These are due back Monday, Feb. 15th

Top Supporters:

- Mom & Dad
- Step Parents
- Brothers & Sisters (older)
- Grandma & Grandpa
- Aunts & Uncles
- Cousins (Older)
- Religious Members
- Co-Workers
- Neighbors
- Family Friends
- Holiday Card Lists
- Former Coaches/ Mentors
- Accountant
- Chiropractor
- Dentist and/or Orthodontist
- Hair Stylist
- Insurance Agent/ Broker
- Business Owner
- Personal Trainer
- Real Estate Agent
- Veterinarian
- Family Doctor

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

	NAME	CELL PHONE #	RELATIONSHIP <small>(aunt, old coach, mom's co-worker)</small>	TEXT	CALL	GOING TO DONATE	CONF
1				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>