



**THE FIRST EVER  
NATIONAL ORGANIZATION OF PARENTS OF BLIND CHILDREN--  
NOPBC  
BREAKING BARRIERS TRIATHLON**

**July 2, 2013  
at the NFB National Convention  
Rosen Centre Hotel  
Orlando, FL**

The National Organization of Parents of Blind Children announces our first-ever Breaking Barriers Triathlon! In this event participants will swim through shark-infested waters, maneuver through an alligator-infested swamp, and shoot down barriers to independence (all on the hotel grounds with no danger involved). Join us for this fun-filled family fundraiser for NOPBC!

To participate, your kids can go to neighbors, teachers, your friends and coworkers, local news radio, wherever you can think of to get pledges. Many people will give a donation on the spot. Write down pledges and donations received on the Sponsor Pledge Sheet. Include an address or email address so that your child can send thank you's to contributors after the event. There is a \$5 fee to participate which will be collected at the event.

Help raise money for the NOPBC by collecting pledges and donations. We hope to have prizes for the top fundraisers. Please bring pledge sheets and donations to the event. All donations are tax deductible. For more information contact Andrea Beasley at 608-449-7906 or [abeasley@jb11.net](mailto:abeasley@jb11.net). Watch the blindkid listserv and our Facebook page for fun tidbits and more information about the event which we'll post as we receive it. Let's start breaking down those barriers!



NATIONAL ORGANIZATION OF PARENTS OF BLIND CHILDREN—NOPBC's 1<sup>st</sup> EVER

**Breaking Barriers Triathlon**

National Federation of the Blind Convention  
July 2, 2014, Orlando, FL

**SPONSOR PLEDGE SHEET**

Please make checks payable to NOPBC & bring to the event.  
Donations are tax-deductible. Feel free to make copies of this sheet.

TRIATHLETE NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PARENT'S EMAIL: \_\_\_\_\_  
TRIATHLETE'S GOAL AMOUNT: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_  
Pledge/Donation Amount: \_\_\_\_\_  
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