



Trailblaze Challenge 2025

This form is for the Trailblazer's records to track the store drop-off weight. It can also be uploaded to the required electronic form.

Store Drop-Off Weight Tracking Form

Organization Name: Make A Wish Alabama

Store Location: _____

Date of Drop-Off: _____

Trailblazer Name: _____

Donor if different from the Trailblazer: _____

Donation Details:

Total Weight: _____ lbs

Comments/Additional Notes:

Trailblazer Representative/ Supporter Signature: _____

Store Staff Signature: _____

Please upload form as your receipt to required electronic form. Uploading your receipt is optional but helpful for process verification in case of accidental misreporting.