



LAPS FOR LIVES- REGISTRATION FORM

PARTICIPANT INFORMATION:

I AM REGISTERING AS AN:
 INDIVIDUAL TEAM

PARTICIPANT NAME _____

TEAM NAME (IF APPLICABLE) _____

TEAM CAPTAIN (IF APPLICABLE) _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

T-SHIRT (OPTIONAL- COSTS ADD \$15) SM MED LG XL

WAIVER: In consideration of my signing this agreement, for myself, my heirs and administrators assume any and all risks which might be associated with this event. I waive and release any and all rights and claims for damages which I may have against the organizers and any others connected with this event, their representatives, successors, and assigns of any and all injuries or damages of any kind whatsoever suffered by me as a result of taking part in this event and any rotated activities.

IMPORTANT: Persons under the age of 18 must have this form signed by a parent or guardian.

X _____
X _____

SIGNATURE

PARENT OR GUARDIAN SIGNATURE



PLEDGES Please print clearly and include full mailing address.
 Receipts issued for pledges of \$10 or more. If information incomplete, receipt will not be issued.

TITLE & FIRST NAME	LAST NAME	ADDRESS (street, city, province)	POSTAL CODE	PHONE AND EMAIL	AMOUNT PLEDGED	RECORDED
Ms Mary	Smith	123 Main St London ON	NON 0V0	T: 519-432-1234 E: msmith@abcd.com	\$50	✓
1.				T: E:		
2.				T: E:		
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14.				T: E:		

TOTAL \$ _____

Please make cheques payable to **CHILDREN'S HEALTH FOUNDATION.**
 Please photocopy and attach additional sheets if necessary.

Children's Health Foundation collects the information provided above for communication, statistical purposes and to process donations in accordance with the Canada Revenue Agency. If you do not wish to receive further communication from Children's Health Foundation, call us at 1-888-834-2496.

