



REGISTRATION: 9:00 AM • **WARM-UP:** 9:45 AM

HIKE: 10:00 AM • **PRIZES & AWARDS:** 11:15 AM

Crossroads Hospice Main Office: 604-945-0606 www.Hike4Hospice.ca

PARTICIPANT INFORMATION (PLEASE REMEMBER TO PRINT CLEARLY)			TEAM INFORMATION	
First Name	Last Name		<input type="checkbox"/> I am participating as part of a team	
Address			Team Name	
City	Prov.	Postal Code	Team Captain	
Home Tel.	Other Tel.		Company/School Name	
Email Address			Captain's Email Address	

DONATION INFORMATION (Make cheques payable to Crossroads Hospice Society)				Pledge Amount	Paid	Receipt (√)
First Name	Last Name					
Address	City	Prov.	Postal Code			
Card #	Expiry	Cardholder Name				
Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card				
First Name	Last Name					
Address	City	Prov.	Postal Code			
Card #	Expiry	Cardholder Name				
Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card				
First Name	Last Name					
Address	City	Prov.	Postal Code			
Card #	Expiry	Cardholder Name				
Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card				
First Name	Last Name					
Address	City	Prov.	Postal Code			
Card #	Expiry	Cardholder Name				
Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card				
First Name	Last Name					
Address	City	Prov.	Postal Code			
Card #	Expiry	Cardholder Name				
Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card				
First Name	Last Name					
Address	City	Prov.	Postal Code			
Card #	Expiry	Cardholder Name				
Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card				

TAX RECEIPT INFORMATION:

*Receipts will be issued for donations of \$20 or more.
** If email is provided, your tax receipt will be sent to you electronically.

FOR OFFICE USE ONLY:

Total Cash \$ _____ Total No. of Pages _____
 Total Cheque \$ _____ Page _____ of _____
 Total Credit Card \$ _____
 GRAND TOTAL \$ _____

Charitable Registration # 894850635RR001

Waiver/Release: In consideration for participation in the 2016 Hike for Hospice, I waive and release any and all claims that I and/or my heirs, executors, administrators, agents, insurers, assigns and other legal representatives have or may have against Crossroads Hospice Society and its administrators, trustees, officers, directors, agents, employees, volunteers, successors, affiliates, sponsors and other legal representatives, both present and future for any accident, injury, illness, in connection with the hike or Crossroads Hospice Society including, but not limited to, the purposes of marketing, promoting or otherwise reporting relating to the hike or Crossroads Hospice Society.

I am physically fit to participate in the Walk. I authorize the use of photos and digital videos showing my participation in the event. I have read and understand and agree with the content of this waiver/release prior to participating in the hike. If participant is under the age of majority, I confirm I am the parent/guardian of participant and sign this waiver/release on his or her behalf.

Email Permission:

- Email is used to communicate with our event participants in the most efficient way possible. Please indicate here if you do not want to receive Hike for Hospice email communications
- I would like to receive Crossroads' community e-newsletter and occasional email updates from Crossroads Hospice

Signature of Participant or Guardian (if under age of 19) _____ Date: _____