

2017 WALK OF LIFE REGISTRATION AND DONATION - OFFLINE FORM

Participant Name _____ Email _____
 Address _____ City _____
 Province _____ Postal Code _____ Home Tel. _____ Other Tel. _____
 Team Name _____ Team Category National Sponsor Corporate Friends & Family

Check your event and registrations fee option:

Walk Run Chair Exercises Kids Fun Run/ Walk

ADULTS

- Option 1:** Raise \$100 in donations
OR
 Option 2: \$35 Pre-registration Fee or
\$40 Registration Fee Day of Walk

STUDENTS & SENIORS

- Option 1:** Raise \$50 in donations
OR
 Option 2: \$25 Pre-registration Fee or
\$30 Registration Fee Day of Walk

CHILDREN

- Ages 14 & Under Registration is **FREE**

Payment:

Cash Cheque Visa Mastercard

Name on card _____ Card No. _____
 Expiry _____ / _____ Signature _____ Amount Enclosed \$ _____

1. Make cheques payable to Cardiac Health Foundation of Canada
2. Cardiac Health Foundation of Canada issues tax receipts for donations of \$20 or more, if donor's name/address is complete and legible
3. To qualify for Incentive Prizes, donations must be submitted by June 3, 2017.
4. To make a donation online, please go to www.walkoflife.ca | Cardiac Health Foundation of Canada Charitable Registration # 12433 9151 RR0001

Donations:

1	First Name		Last Name				\$ Check If Tax Receipt Required <input type="radio"/>
	Suite#/Apt#	Address	City	Prov.	Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Cheque <input type="checkbox"/> MC	Card #	Expiry	Name on card	Signature		
	Email					Phone #	
2	First Name		Last Name				\$ Check If Tax Receipt Required <input type="radio"/>
	Suite#/Apt#	Address	City	Prov.	Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Cheque <input type="checkbox"/> MC	Card #	Expiry	Name on card	Signature		
	Email					Phone #	
3	First Name		Last Name				\$ Check If Tax Receipt Required <input type="radio"/>
	Suite#/Apt#	Address	City	Prov.	Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Cheque <input type="checkbox"/> MC	Card #	Expiry	Name on card	Signature		
	Email					Phone #	
4	First Name		Last Name				\$ Check If Tax Receipt Required <input type="radio"/>
	Suite#/Apt#	Address	City	Prov.	Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Cheque <input type="checkbox"/> MC	Card #	Expiry	Name on card	Signature		
	Email					Phone #	

By registering as a participant in the Cardiac Health Foundation of Canada (CHFC) 2017 WALK OF LIFE® (herein referred to as WOL), I agree physical activity and endurance is required. I will comply with any and all instructions given by the event officials. I give the CHFC, its sponsors and their respective affiliates, advertisers, licensees and assigns (collectively CHFC), my irrevocable permission to use and reproduce my image and my name as photographed or otherwise recorded at the WOL, in any manner and in all media in perpetuity. For allowing me to participate in the WOL, I RELEASE and DISCHARGE CHFC and will hold them harmless from any and all claims, injury or expense of any kind which may result from my participation in the WOL, whether resulting from the negligence of CHFC, organizers or otherwise.

Signature _____
 (Guardian if under 18)

Total Donations
 (this page) \$



CARDIAC HEALTH | **WALK®**
 FOUNDATION OF CANADA | **OF LIFE**