



REGISTRATION FORM

Email to: diane@hospicevaughan.com
T: (905) 850-6266 Ext. 201 F: (905) 850-7987



CREATE YOUR OWN FUNDRAISING PAGE
HEAD TO WWW.HOSPICEVAUGHAN.COM/HFH AND REGISTER

PARTICIPANT INFORMATION (print clearly)

First Name: _____ Last Name: _____

Address: _____

Contact Phone: _____ E-mail: _____

TEAM MEMBERS (if applicable):

_____	_____
_____	_____
_____	_____
_____	_____

REGISTRATION OPTION (check correct option below)

- \$25 Individual Registration - Single Participant
- \$20 Team Registration - 4 participants or more
(Team Registration: \$20 per individual)

FREE REGISTRATION with \$50 in pledges raised per individual registrant and \$100 raised per team. Should you have any questions please contact Diane Presta-Pereira at diane@hospicevaughan.com or 905-850-6266 x 201

PAYMENT METHOD

AMOUNT ENCLOSED: \$ _____

Cheque Cash Credit: Visa / MC
(payable to Hospice Vaughan)

Name on Card: _____

Card No: _____

Expiry: ____ / ____ CSV: _____

Signature: _____

WAIVER & RELEASE OF LIABILITY:

I hereby give my permission to Hospice Vaughan to use or authorize use of photographs, videos, sound recordings or any record of my participation for any purpose without remuneration. I am participating at my own risk and waive all claims of every nature against the organizers, officials, sponsors and any other participating agencies in respect to activities. I also fully understand the rigors of such event and I have prepared myself physically for the walk. I, the undersigned, have read the above waiver and I willingly waive, release and discharge and and all liability by signing it

Signature: _____ Guardian (if under 18 yrs): _____

Date: _____

Event Details: Sunday, May 24, 2020

Doctor McLean District Park

Registration: 9:30 a.m. Walk: 11:00 a.m. Lunch: 12 noon

ALL PROCEEDS RAISED IN SUPPORT OF HOSPICE VAUGHAN.