



Hike for Hospice Calgary - Sunday, May 2, 2010
Fish Creek Provincial Park; Glennfield Area A (East)

PARTICIPANT REGISTRATION FORM
Entry Fee is \$5.00 per person
The first 300 hikers receive a t-shirt on Hike Day!



Please complete the registration area below, choose a payment method and:

- Drop it off or mail it to our Counselling & Education Centre location with fee payment. (Please do not mail cash)
- Fax it to (403) 263-4524 or call our office at (403) 263-4525 with fee payment by credit card.

Please note, all registrations must be submitted before Friday, April 30, 2010 - No event day registration.
Hospice Calgary – 1245 – 70 Avenue S.E., Calgary, Alberta, T2H 2X8
Phone: (403) 263-4525; E-Mail: info@hospicecalgary.com

Main Contact Information: (Please PRINT, except where signature is required) Date _____

Name _____

Address _____

City/Province _____ Postal Code _____

Phone _____ E-Mail _____

Participants: Please print name clearly and sign after reading the agreement. **Agreement:** By signing, you understand and agree that you are voluntarily participating in the Hike for Hospice Calgary at your own risk. You also give permission for the free use of your name, picture and/or voice in any broadcast, telecast, print account or any other medium acknowledging the Hike for Hospice. Participants under the age of 16 MUST have the signature of their legal guardian.

5K Walk 10K Fun Run Hiker 1 _____ **X** _____ **Age** _____ (only if under 16)
Signature of legal guardian if participant is under 16.

5K Walk 10K Fun Run Hiker 2 _____ **X** _____ **Age** _____ (only if under 16)
Signature of legal guardian if participant is under 16.

5K Walk 10K Fun Run Hiker 3 _____ **X** _____ **Age** _____ (only if under 16)
Signature of legal guardian if participant is under 16.

5K Walk 10K Fun Run Hiker 4 _____ **X** _____ **Age** _____ (only if under 16)
Signature of legal guardian if participant is under 16.

5K Walk 10K Fun Run Hiker 5 _____ **X** _____ **Age** _____ (only if under 16)
Signature of legal guardian if participant is under 16.

Please use additional sheets if more than five participants in your group.

Hikers: Total Number of hikers in your party: _____ **X** \$5.00 per person = \$ _____ (total fee applicable)

TEAM NAME, if applicable _____

Payment Method:

- Cheque enclosed made payable to Hospice Calgary Society
- Please charge my credit card Visa Mastercard

Card Number _____ Expires _____/_____/_____

Name on Card _____ Signature _____

If you prefer on-line registration, visit www.hikeforhospice.com Charitable Registration #118963669RR0001

I cannot attend the hike, please accept my donation of \$ _____ (please fill in Payment Method section above)

Hospice Calgary respects the right to privacy of our clients, volunteers, donors and employees and is committed to complying with legislative requirements regarding the protection of that privacy. We do not sell, lease or otherwise share mailing lists.