

2017 WALK OF LIFE REGISTRATION AND DONATION - OFFLINE FORM

Participant Name _____ Email _____

Address _____ City _____

Province _____ Postal Code _____ Home Tel. _____ Bus. Tel. _____

ADULTS

- Option 1:** Raise \$50 in donations **or**
- Option 2:** \$25 Registration Fee

SEAWAY VALLEY VOLUNTEERS

- Option 1:** Raise \$25 in donations **or**
- Option 2:** \$10 Registration Fee

CHILDREN

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

Payment: Cash Cheque Credit Card (online only)



1. Please make cheques payable to Seaway Valley Community Health Centre

2. Seaway Valley Community Health Centre issues tax receipts for donations of \$20 or more if the name and address are complete and clearly legible.

3. Donations accepted online at www.canadahelps.org/en/charities/seaway-valley-community-health-centre-inc/walk-of-life-2017/

4. Seaway Valley Community Health Centre Charitable Registration #84645 7190 RR 0001

Donations:

1	First Name		Last Name			\$ Check If Tax Receipt Required
	Suite#/Apt#	Address	City	Prov.	Postal Code	
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque					
	Email			Phone #		
2	First Name		Last Name			\$ Check If Tax Receipt Required
	Suite#/Apt#	Address	City	Prov.	Postal Code	
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque					
	Email			Phone #		
3	First Name		Last Name			\$ Check If Tax Receipt Required
	Suite#/Apt#	Address	City	Prov.	Postal Code	
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque					
	Email			Phone #		
4	First Name		Last Name			\$ Check If Tax Receipt Required
	Suite#/Apt#	Address	City	Prov.	Postal Code	
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque					
	Email			Phone #		
5	First Name		Last Name			\$ Check If Tax Receipt Required
	Suite#/Apt#	Address	City	Prov.	Postal Code	
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque					
	Email			Phone #		

By registering as a participant in the Seaway Valley Community Health Centre 2017 WALK OF LIFE® (herein referred to as WOL) as part of the Cardiac Health Foundation of Canada's National Walk of Life Campaign, I agree physical activity and endurance is required. I will comply with any and all instructions given by the event officials. I give the Seaway Valley Community Health Centre, Cardiac Health Foundation of Canada (CHFC), its sponsors and their respective affiliates, advertisers, licensees and assigns (collectively Seaway Valley Community Health Centre), 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 the Seaway Valley Community Health Centre and 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 Seaway Valley Community Health Centre and CHFC, organizers or otherwise.

Total Donations
(this page) \$

Signature _____
(Guardian if under 18)

