

# 2018 WALK OF LIFE REGISTRATION AND DONATION - OFFLINE FORM

Only one form per person please

Participant Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Tel. \_\_\_\_\_ Other Tel. \_\_\_\_\_

Team Name TEAM CCHA Team Category  National Sponsor  Corporate  Friends & Family

## Check your event and registration fee options:

Walk  Run  Chair Exercises  Kids Fun Run/ Walk

### ADULTS - Choose one option

- Option 1:** Raise \$100 in donations  
**OR**  
 **Option 2:** \$40 Pre-registration Fee or  
\$45 Registration Fee Day of Walk

### STUDENTS & SENIORS (65+) - Choose one option

- 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 2, 2018.
4. To make a donation online, please go to [www.walkoflife.ca](http://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	<b>Card #</b>	Expiry	Name on card	Signature			
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC							
	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	<b>Card #</b>	Expiry	Name on card	Signature			
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC							
	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	<b>Card #</b>	Expiry	Name on card	Signature			
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC							
	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	<b>Card #</b>	Expiry	Name on card	Signature			
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC							
	Email					Phone #		

By registering as a participant in the Cardiac Health Foundation of Canada (CHFC) 2018 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**