

Intentional Walk for ALS 2017

Registration & Fundraising Form



#IntentionalWalk2017

Name of Participant* _____

Team Name (if applicable) _____

Street Address* _____ Unit# _____

City* _____ Prov* _____ Postal Code* _____

Email Address* _____

Registration Rate: | Early Bird Adult | Early Bird Child | Adult | Child | Other: _____
 (pls circle) | \$25 | \$10 | \$35 | \$15

Sponsors (When sponsor information is completed in full below, sponsors will receive tax receipt for donations over \$15.00)

	First & Last Name	Street Address	Unit #	City	Prov	Postal Code	Email	Donation Amt
1								\$
2								\$
3								\$
4								\$
5								\$
6								\$
7								\$
8								\$
9								\$
10								\$

Sponsorship Total \$

Registration Dues \$

Participant Donation (if applicable) \$

Total \$

*Must be completed and legible to receive tax receipt