

5k Intentional Walk for ALS 2019

Registration Form with Sponsors



#IntentionalWalk

Name of Participant* _____

Team Name (if applicable) _____

Street Address* _____ Unit# _____

City* _____ Prov* _____ Postal Code* _____

Email Address* _____

Registration Rate: Adult Child/Senior Registered online Other: _____
 (pls circle)

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	cash / cheque
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