## BREAST CANCER ACTION KINGSTON 24th ANNUAL "WALK FOR AWARENESS" – CELEBRATE LIFE" SATURDAY, MAY 27th Lake Ontario Park

| My Choices Walk                                                         | Run Head Shaving                                                                                                                                                                                                                      | Run Head Shaving Fill our pledge sheet and we'll be tickled pink |                                        |               |                                                      |                               |                              |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------|---------------|------------------------------------------------------|-------------------------------|------------------------------|--|
| Registration for the event i<br>Breast Cancer Action Kingston (BCAK) re | FORE THE EVENT and return them as per instructions of s \$25. Youth 12 and under are free. Espects your privacy. We do not rent, sell or trade our mayor amounts of \$20 or more ONLY IF ALL INFORMATION reast Cancer Action Kingston | ailing lists. The infor                                          | **See reverse of formation you provide | orm for adva  | at all possible.<br>ance registra<br>solely to recog | tion instruc<br>gnize donatio | tions**<br>ons.              |  |
| Name of Participant (please print)                                      | E-mail Address or Full Mailing Address (include Apt #, RR # as applicable)                                                                                                                                                            |                                                                  |                                        |               | Phone #                                              |                               |                              |  |
| <b>Donor Name</b><br>(Please PRINT CLEARLY)                             | E-mail Address (preferred) or Full Mailing Address (Please PRINT CLEARLY)                                                                                                                                                             | Postal Code                                                      | Telephone<br>Number                    | Pledge        | Collected                                            | Owing                         | Cash/chq<br>(office use only |  |
|                                                                         |                                                                                                                                                                                                                                       |                                                                  |                                        |               |                                                      |                               |                              |  |
|                                                                         |                                                                                                                                                                                                                                       |                                                                  |                                        |               |                                                      |                               |                              |  |
|                                                                         |                                                                                                                                                                                                                                       |                                                                  |                                        |               |                                                      |                               |                              |  |
|                                                                         |                                                                                                                                                                                                                                       |                                                                  |                                        |               |                                                      |                               |                              |  |
|                                                                         |                                                                                                                                                                                                                                       |                                                                  |                                        |               |                                                      |                               |                              |  |
|                                                                         |                                                                                                                                                                                                                                       |                                                                  |                                        |               |                                                      |                               |                              |  |
|                                                                         | Registration Fee (add \$25.00                                                                                                                                                                                                         | ) if \$100.00 is not co                                          | llected in pledges)                    |               |                                                      |                               |                              |  |
| Charitable Number 89056 7241 RR0001                                     |                                                                                                                                                                                                                                       |                                                                  | Totals                                 |               |                                                      |                               |                              |  |
|                                                                         |                                                                                                                                                                                                                                       |                                                                  |                                        | Pledged       | Collected                                            | Owing                         |                              |  |
| •                                                                       | er Action Kingston and all sponsors from any claims, injuries, lo<br>ian and who is under the age of 18 years and will be accompar                                                                                                    |                                                                  | -                                      | participation | in this event.                                       | This release a                | lso applies to               |  |
|                                                                         | mission to BCAK to photograph and videotape me in the cours                                                                                                                                                                           |                                                                  |                                        | se my name a  | nd any photogr                                       | aphs and vide                 | eotapes of me.               |  |
| Participant's Signature                                                 | E                                                                                                                                                                                                                                     | BCAK Official as Witne                                           | ess:                                   |               |                                                      |                               |                              |  |