Rankin Cancer Run R	Registrat	ion Form	1		De wiston with . O.D.			THE RANKIN CANCER RU	N GRATEFULLY ACKNOWLED SPONSORSHIP	DGES THE GENERO OF THIS PAGE FRO	
FULL NAME FIRST & LAST					t-shirt size	Cancer Survivor's orange t-shirt		day sallastina		him	
ADDRESS					adult small adult medium	adult small adult medium	a few sponso	der collecting ors/donors to add	TOUR		
CITY		POSTAL CODE	PHONE()		adult large	adult large adult xl	unaer your i	registration fee.	GARDE	N CENTR	
EMAIL	TEAM NAME				adult xxl adult xxxl adult xxxxl adult xxxxl youth large	adult xxl adult xxxl adult xxxxl youth large	What makes this event unique? organized and run-by volunteers. No one is paid. All proceeds stay in Niagara for immediate cancer care all cancers.				
LEASE READ CAREFULLY: on consideration of Niagara Cancer Care Run Foundation ("Nor Niagara) accepting my entry, by signing for myself and in dail volunteers assisting in the walk/run from liability and amages whatsoever, including claims for negligence, which articipation in this walk/run. I acknowledge that I have react at I understand and agree to be bound by its terms. I also co Your Registration Fee Registration Fee Registration Fee includes one t-shirt.	my heirs, I hereby rele waive any and all clair I may have as a resul this release in its entinent to the use of the CHECK 1 BOX	ncer Run passe NCCR my partic my partic to f my rrety, and personal ADULT Registration inc	on contained in this entry form for to pation in future Niagara Cancer Cator from James, my walf/run results so of me from the event in any form o/a Rankin Cancer Run. \$20.each cludes one t-shirt.	are events. I also consent and awards, my categor in of promotional materia	try, al DENT \$10.each ms = nursery, elementary, secondar	NO FEI	ww.r	Enter Registration Fee Amount does not include a tax receipt	AMOUNT	i.con	
Registration Fee DOES NOT include a tax receipt			st have own registration form. MAILING AD	or post second	condary institutions.	your registration	n is free.	EMAIL ADDRESS		PAID RECEIPT*	
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PLEASE MAKE CHEQUES PAYABLE TO RANKIN CANCE	R RUN (FOR NIAGA	RA) *RECEIPTS ISSUE	D FOR DONATIONS OF \$20. OR	MORE (UNLESS REQUI	ESTED). IF INFORMATION CANNOT	BE READ OR IS INCOMPLETE	- NO TAX RECEIPT WII	Total amount			
Rankin				articipants' Famil ase list names of family members d information filled in above in "Ra	participating under the pare	nt's signature	Meridian \$	Bank Stam	p		
Run									h/cheques deposited AMO		
()	SIGNATURE OF PARENT/GUARDIAN DATE (participants 18 and under)							PLEASE RETURN THIS DONATION FORM TO THE PARTICIPANT			