

# 2025 Registration Form

If you are not registering 'online' please mail this completed form to  
Rankin Cancer Run, P.O. Box 20093, St.Catharines, ON L2M 7W7 **so your donors can receive tax receipts.**

FULL NAME FIRST & LAST		
ADDRESS		
CITY	POSTAL CODE	PHONE (   )
EMAIL	TEAM NAME	

SIGNATURE OF PARTICIPANT (over 18 years)

DATE

## PLEASE READ CAREFULLY:

In consideration of Niagara Cancer Care Run Foundation ("NCCR") o/a Rankin Cancer Run (for Niagara) accepting my entry, by signing for myself and my heirs, I hereby release NCCR and all volunteers assisting in the walk/run from liability and waive any and all claims for all damages whatsoever, including claims for negligence, which I may have as a result of my participation in this walk/run. I acknowledge that I have read this release in its entirety, and that I understand and agree to be

bound by its terms. I also consent to the use of the personal information contained in this entry form for the purpose of soliciting my participation in future Niagara Cancer Care events. I also consent to the use of my name, my walk/run results and awards, my category, and photos of me from the event in any form of promotional material for NCCR o/a Rankin Cancer Run.

## To participate, register and . . .

**If you are participating IN-PERSON**, designate a Captain who registers your team name as soon as possible, and tells all team members to associate their on-line registration with the team name. **To get team name on back of your shirts, the Captain must contact [rundirector@rankincancerrun.com](mailto:rundirector@rankincancerrun.com) or call 905.321.0048 BEFORE MAY 1st with complete list of team's shirt sizes.** The Captain picks up all shirts at Pre-registration on Thurs May 22 from 1-7 at the Rankin Family Pavilion at Brock. Free parking at Brock for runners on May 22 & 24.

**If you are participating in a VIRTUAL** or 'Create Your Own' Rankin Cancer Run, you pick the date, time, route, distance, and whether you go it alone or with a group. Register at [rankincancerrun.com](http://rankincancerrun.com). Get sponsors to support you. Deposit at any Meridian Credit Union. **2 weeks before the day of your walk/run**, contact [rundirector@rankincancerrun.com](mailto:rundirector@rankincancerrun.com) or call 905.321.0048 with your shirt size(s) and arrange for pick up.

## Shirt Sizes Available

ADULT: small, medium, large, xl, xxl, xxxl, xxxxl

YOUTH: large

If you are a survivor, you can wear an orange shirt if you wish.

## Your Registration Fee

Registration Fee includes one t-shirt.  
Registration Fee **DOES NOT** include a tax receipt.

CHECK  
1 BOX

☐

**ADULT \$20.each**

Registration includes one t-shirt.  
Each adult must have own registration form.

☐

**STUDENT \$10.each**

School teams = nursery, elementary, secondary  
or post secondary institutions.

☐

**NO FEE**

If you raise \$100. or more,  
your registration is free.

☐

Enter Registration  
Fee Amount  
does not include  
a tax receipt

PAID | RECEIPT\*

## Please consider collecting sponsors/donors and list them below.

SPONSOR NAME	MAILING ADDRESS, CITY, POSTAL CODE	EMAIL ADDRESS

PLEASE MAKE CHEQUES PAYABLE TO **RANKIN CANCER RUN (FOR NIAGARA)**

\*RECEIPTS ISSUED FOR DONATIONS OF \$20. OR MORE (UNLESS REQUESTED). IF INFORMATION CANNOT BE READ OR IS INCOMPLETE - NO TAX RECEIPT WILL BE ISSUED.

Total amount  
received



THE RANKIN CANCER RUN GRATEFULLY  
ACKNOWLEDGES THE GENEROUS SPONSORSHIP  
OF THIS PAGE FROM SUNSHINE  
GARDEN CENTRE

## For Participants Younger than 18 and For Participants' Family Members Under 18

One parent's signature can cover all their children under 18 years. Anyone over 18 must have their OWN form. If an additional parent is participating – they must have their own signed registration form. The names of the family members under 18 should be listed on the lines to the right.

Please list names of family members participating under the parent's signature and information filled in above in "Rankin Cancer Run Registration Form".

SIGNATURE OF PARENT/GUARDIAN  
(participants 18 and under)

DATE

CHARITABLE REGISTRATION NUMBER 86231 3699 RR0001

## Meridian Bank Stamp

\$	AMOUNT	\$	AMOUNT
total cash/cheques deposited			
PLEASE RETURN THIS DONATION FORM TO THE PARTICIPANT			

Donations may be deposited at any branch of Meridian Credit Union in Ontario, prior to run day. You can continue to collect donations on and off-line for your team and bring in run morning.



**Rankin Cancer Run participants have raised and returned \$12,605,006. to Niagara in the last 17 years. Let's continue to support cancer care programs and equipment. All funds raised stay in Niagara. Our committee remains unpaid volunteers. All info and FAQ's: [rankincancerrun.com](http://rankincancerrun.com)**