

Rankin Cancer Run Registration Form

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



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

- Registrant's OR Cancer Survivor's t-shirt size**
- adult small
 - adult medium
 - adult large
 - adult xl
 - adult xxxl
 - adult xxxxl
 - youth large

Please consider collecting a few sponsors/donors to add under your registration fee.

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.

www.rankincancerrun.com

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.

Your Registration Fee

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



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

AMOUNT

Registrant's Sponsors/Donors

SPONSOR NAME	MAILING ADDRESS, CITY, POSTAL CODE	EMAIL ADDRESS	AMOUNT	PAID	RECEIPT*

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



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 _____

Meridian Bank Stamp

\$ _____ \$ _____
 AMOUNT total cash/cheques deposited AMOUNT

PLEASE RETURN THIS DONATION FORM TO THE PARTICIPANT