

ENTRY FORM

ONE ENTRY FORM PER PERSON
Please print clearly and SIGN WAIVER
(Mail in Registration cut-off date May 1, 2019)



2019 Hike for Hospice Pledge Form

Team Name: _____

Team Name (if applicable) _____

Name _____

Address _____

City _____ Province _____

Postal Code _____ Tel () _____

Email _____

By providing your email address, you agree to receive emails from Chilliwack Hospice Society (may unsubscribe)

Entry Fees (non-receipted)	Payment
Individual - \$25.00 waived with \$100.00 or more in pledges	
Family Team - \$60.00 (2 adults with children 18 & under) waived with \$200.00 or more in pledges	
Community Team - \$100.00 waived with \$500.00 or more in pledges	
Total	

I am unable to participate; enclosed is my donation for \$ _____ (charitable tax receipt issued for donation \$10.00 or more)

Registration Payment Method (non-receipted) Payable to Chilliwack Hospice Society No post-dated cheques. No refunds. Not transferable.	
<input type="checkbox"/> Cash (do not mail cash)	<input type="checkbox"/> Cheque/ Money Order
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Credit Card	
EXPIRY DATE	Name on Card (print)
TOTAL AMOUNT: \$	
Signature of Cardholder X	

Privacy: The Chilliwack Hospice Society values your privacy and is committed to controlling the collection, use and disclosure of the personal information you provide.

Release and Waiver: In consideration of Chilliwack Hospice Society permitting me to participate in this event, I hereby, for myself, executors, administration and personal representatives, release the organizers of this event, their agents, volunteers, the event sponsors and the Chilliwack Hospice Society, from all liability.

SIGNATURE: _____
Every participant must sign this waiver. If under 19, a parent or guardian must sign.

ONE ENTRY FORM PER PERSON

First Name: _____ Last name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ Phone (day): _____

Donor: Payment can be made by cash, cheque, MC or Visa (minimum \$10 for credit card donations). Please make cheques payable to Chilliwack Hospice Society. If you are donating in memory of a loved one and would like a notification card sent to their next of kin, please attach their name and address along with your information.

Hiker: Print additional pledge forms if needed. Pledges are due the day of the event. Please complete all information and print clearly. Submit total pledges in person or by mail (do not mail cash) to Chilliwack Hospice Society, 7112 Vedder Rd., Chilliwack, BC V2R 3T6. Pledge submissions (credit card donations only) can be forwarded by fax to (604) 795-2476.

PLEASE COMPLETE FORM AND PRINT CLEARLY. ALL PLEDGES MUST ACCOMPANY THIS FORM.

FULL NAME	ADDRESS	CITY	POSTAL CODE	PHONE	AMOUNT
Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> Cheque					
CREDIT CARD		EXPIRY DATE	Thank you for your generosity. Tax receipts will be mailed for donations over \$10.00.		
FULL NAME	ADDRESS	CITY	POSTAL CODE	PHONE	AMOUNT
Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> Cheque					
CREDIT CARD		EXPIRY DATE	Thank you for your generosity. Tax receipts will be mailed for donations over \$10.00.		
FULL NAME	ADDRESS	CITY	POSTAL CODE	PHONE	AMOUNT
Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> Cheque					
CREDIT CARD		EXPIRY DATE	Thank you for your generosity. Tax receipts will be mailed for donations over \$10.00.		
FULL NAME	ADDRESS	CITY	POSTAL CODE	PHONE	AMOUNT
Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> Cheque					
CREDIT CARD		EXPIRY DATE	Thank you for your generosity. Tax receipts will be mailed for donations over \$10.00.		
FULL NAME	ADDRESS	CITY	POSTAL CODE	PHONE	AMOUNT
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Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> Cheque					
CREDIT CARD		EXPIRY DATE	Thank you for your generosity. Tax receipts will be mailed for donations over \$10.00.		
TOTAL					

Hiker Emergency Contact Information:

Name: _____ Home Phone: _____ Cell Phone: _____