



ENTRY FORM 2019
 ONE ENTRY FORM PERSON
 Please print clearly and sign waiver
 (Mail in registration cup off April 26th 2019)



Team Name (if applicable) _____

First Name: _____ Last Name: _____ Phone: _____ Email: _____

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

Address: _____ City: _____ Postal Code: _____

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**

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

FULL NAME		ADDRESS										CITY	POSTAL CODE	PHONE	AMOUNT
Visa Cash MC Cheque		CREDIT CARD										EXPIRY DATE	Tax receipts will be mailed for donations over \$10		
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Release Waiver: In consideration of Chilliwack Hospice Society permitting me to participate in this event, I hereby, for myself, executors, a administration and personal representatives, release the organization of this event, their agents, volunteers, the event sponsors and Chilliwack Hospice Society from all liability. In addition, I give permission to allow photos of myself to be used in future promotional materials. **SIGNATURE:** _____

Hiker Emergency Contact Information Name: _____ Phone: _____