Rankin Cancer Run Registration Form						sider collecting a	few sponsors	s to	DATERIUM ACKAIONAU EDCEE	THE CENEDON	
FULL NAME FIRST & LAST	add under your registration fee. Every donation stays in Niagara to fund cancer care,										
ADDRESS					all cancers	, all for Niagara.	A little bit of ef		mshi	Me	
СІТУ	POSTAL CODE		PHONE ()			s make a huge dif gistration form for yo		lv 9	ares.		
EMAIL	TEAM NAME				and colleagu	es, or go to our wel	site to print the	em CG	ARDEN CEI	NTRE)	
						for your 'team'. One person can register for them all. Have your team name and shirt sizes to us by					
						905.938.2RUN (905	-				
SIGNATURE OF PARTICIPA PLEASE READ CAREFULLY: In consideration of Niagara Cancer Care Run Foundation ("NCCR") o/a Rank accepting my entry, by signing below for myself and my heirs, I hereby relea assisting in the walk/run from liability and waive any and all claims for all dat claims for negligence, which I may have as a result of my participation in the that I have read this release in its entirety, and that I understand and agree	in Cancer Run (for Ni ase NCCR and all volu mages whatsoever, ir s walk/run. I acknow	iagara) I also consent to unteers for the purpose ncluding I also consent to and photos of r	DATI to the use of the personal informat e of soliciting my participation in fut to the use of my name, my walk/ru me from the event in any form of p Run.	on contained in this entr ure Niagara Cancer Care n results and awards, my	events. y category,	ster on-line if you lik Lancaster, Brooks & Wel	e: WWW th, Barristers and Solicitors	ı.rankincan	cerrun.c	om	
Enter Your Registration Fee	ADULT Registration in Each adult mu	\$20. ncludes a free t-shirt. ust have own registration		MILY \$10.0	each xtary, secondary or post s	students=\$_secondary institutions.	■ L—Ify	O FEE you raise \$100. or more, ur registration is free.	AMOUNT		
CRONCON (DONOR NAME			Registran	t's Sponso	ors/Donors					PAID RECEIP	
SPONSOR/DONOR NAME	ADDRESS			CITY		POSTAL CODE		EMAIL			
PLEASE MAKE CHEQUES PAYABLE TO RANKIN CANCER RUN (FOR N	IIAGARA) *RECEIP	TS ISSUED FOR DONATION	ONS OF \$20. OR MORE (UNLES	S REQUESTED). IF INF	FORMATION CANNOT BE	READ OR IS INCOMPLETE -	NO TAX RECEIPT WILL	BE ISSUED. Total amount			
For Part	icipants	Younger th	an 18 and For	Participan	nts' Family I	Members Und	ler 18	received			
must have their have their own	ir own signed registration form. The names of the family members				family members participating under the parent's signature ed in above in "Rankin Cancer Run Registration Form".			Meridian Bank Stamp ——			
		lines to the right.						\$	\$		
	ATURE OF PAREN		DATE	-					sn/cneques deposited	OUNT	
	icipants 18 and u							PLEASE RETURN THE	THIS DONATION F	ORM TO	