



Call 519-396-9814 ext. 225 to register today!
1 pm on Sunday, May 27, 2018
Check-in begins at 12pm at Queen's Bar & Grill. For information go to www.whsbg.on.ca or Women's House Serving Bruce & Grey Facebook page

Proceeds Support



Women's House
Serving Bruce and Grey

Hosted by:

QBG

Please Print Clearly

Name	Address	Postal Code	Phone Number	Cash	Cheque	Paid	*Opt out
1							
2							
3							
4							
5							
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7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
						Total Cash	0
						Total Cheques	0
						Total Amount	0

Please Print Clearly

Name	Address	Postal Code	Phone Number	Cash	Cheque	Paid	*Opt out
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
						Total Cash	0
						Total Cheques	0
						Total Amount	0

Walker Information

Name: _____

Team Name (if applicable): _____

Address: _____

City: _____

Postal Code: _____

Men's Shoe Size: _____

Phone: _____

E-mail: _____

Please make cheques payable to Women's House Serving Bruce & Grey. (Also referred to as W.H.S.B.G or Women's House). Charitable #: 108104464RR0001. **Tax receipts will only be issued for donations over \$10.00** (unless requested).

*Note: If name, address and/or postal code cannot be read or are incomplete, no tax receipt can be issued.

PLEASE READ CAREFULLY: Walk A Mile in Her Shoes Waiver- In consideration of my entry in Walk A Mile In Her Shoes, I, for myself, my executors and administrators, waive and release any and all rights and claims for damages I have or may have hereafter against the organizers of this event, its participants, the employees, any union, all sponsors and their representatives and all claims of damages, demands, actions whatsoever, in any manner as a result of my participation in this event. I attest and verify that I am physically fit and have sufficiently trained for this event, and I have not been advised otherwise by a medical professional. Further, I hereby grant full permission to use my name and likeness in any broadcast, telecast, video or print media of this event for any purpose whatsoever without any compensation.

Signature of Participant: _____ Date: _____

Signature of Parent (if participant is under 18): _____ Date: _____

COMMITTED TO PROTECTING YOUR PRIVACY: The information you provide us with will only be used to assist in the proper administration and acknowledgment of your gift, to issue tax receipts, to fulfill your information requests and to send you our mailings. Please check the Opt Out box if you do not wish to be added to our mailing list.