	YOUR NAME:					AMATTEUR
PASSION 365 EV	ENT DATE:	DATE: EVENT LOCAT			ΓΙΟΝ:	
	Address:					
City: _	Province:		Pos	stal Code		
	Tel: (Home)	Tel:	(Business)			-
Email: N	May we contact you by email	☐ Yes	s□ No	Name	: Gender	□ M □
I am in	the following age category:	19-30	31-40	41-50		60+
T	eam Fundraising Goal:					

All players will be required to sign a waiver before playing on event day.

We cannot guarantee a tax receipt if information is not clear and complete. Tax receipts will be issued for pledges of \$10 or more. Please include full address for tax receipting purposes. Sponsor's Name Address City Postal Phone No Pledge Collected Receipt (First & Last) Code Issued Mary Smith 123 Anywhere Street My Town B1B 2A2 (111) 123-4567 \$20.00 \$20.00 Total Collected \$

Privacy Statement: We are committed to protecting the privacy of your personal information. We may maintain a record of your interaction for donor-related, promotion and tax receipting purposes, where required.