YOUR NAME:_____

TEAM NAME: _____

EVENT DATE: _____ **EVENT LOCATION:** _____

Address: _____

City: _____Province: _____Postal Code_____

Tel: (Home) _____ Tel: (Business) _____

Email: May we contact you by email ☐ Yes ☐ No Name: Gender ☐ M ☐ F

I am in the following age category: 19-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 60+ ☐

Team Fundraising Goal: _____

All players will be required to read and check off the online waiver form when they register.

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 (First & Last)	Address	City	Postal Code	Phone No	Pledge	Collected	Receipt 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.