

London Dragon Boat Festival Pledge Form

Proceeds to support Children's Hospital at London Health Sciences Centre

Fanshawe Conservation Area
Saturday, August 21, 2010



TEAM INFORMATION

TEAM NAME _____

TEAM CAPTAIN _____

PARTICIPANT INFORMATION

TITLE _____ FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ PROV _____ PC _____

PHONE _____ EMAIL _____

WAIVER: In consideration of my signing this agreement, for myself, my heirs and administrators assume any and all risks which might be associated with this event, I waive and release any and all rights and claims for damages which I may have against the organizers and any others connected with this event, their representatives, successors, and assigns of any and all injuries or damages of any kind whatsoever suffered by me as a result of taking part in this event and any related activities.

IMPORTANT: Persons under the age of 18 must have this form signed by a parent or guardian.

X _____
SIGNATURE

X _____
PARENT OR GUARDIAN SIGNATURE

PLEDGES Please print clearly and include full mailing address. **Receipts issued for pledges of \$10 or more. If incomplete, receipt will not be issued.**

TITLE & FIRST NAME	LAST NAME	ADDRESS (street, city, province)	POSTAL CODE	PHONE AND EMAIL	AMOUNT PLEDGED	REC'D
Ms Mary	Smith	123 Main St London ON	NON OVO	T: 519-432-1234 E: msmith@abcd.com	\$50	✓
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Please make cheques payable to CHILDREN'S HEALTH FOUNDATION. Please photocopy and attach additional sheets if necessary.

Children's Health Foundation collects the information provided above for communication, statistical purposes and to process donations in accordance with the Canada Revenue Agency. If you do not wish to receive further communication from Children's Health Foundation, call us at 1-888-834-2496. **TOTAL \$ _____**

