

# HIKE FOR HOSPICE BURNABY

Sunday, May 5, 2019 (Central Park, Burnaby)



Burnaby Hospice Society

## REGISTRATION / PLEDGE FORM

### Participant Information (One form per participant)

MR MRS MS DR Please circle one	FIRST NAME	LAST NAME	TEAM NAME	
MAILING ADDRESS		CITY	PROVINCE POSTAL CODE	
TELEPHONE		EMAIL		
SIGNATURE OF PARTICIPANT	In signing this release, I acknowledge that I understand the intent thereof, and hereby agree, absolve and hold harmless the Burnaby Hospice Society, event sponsors, volunteers, or any other cooperating organizations from blame and liability for any injury, harm, loss or damage hereby suffered or sustained as a result of participation in 2019 Hike for Hospice Burnaby or any activities associated therein.		<input type="checkbox"/> <b>Yes, please!</b> I would like to be contacted with the latest news from Burnaby Hospice Society.	
NAME OF PARENT/GUARDIAN (For participants under legal age)			<b>Registration Fee - \$25 per participant (For office use only)</b>	
SIGNATURE OF PARENT/GUARDIAN			<input type="checkbox"/> Fee received	<input type="checkbox"/> Fee waived + free lunch -raised \$125 or more

### INSTRUCTIONS FOR PARTICIPANTS COLLECTING PLEDGES

1. Make cheques payable to the "Burnaby Hospice Society"
2. Complete the Registration/Pledge Form and send it to us by mail with your registration fee, if applicable (please do not mail cash). Alternatively, bring the completed form and funds collected to the event.
3. **The Society MUST receive your Registration/Pledge Form(s) with complete addresses, first and last names, and the amount to issue tax receipts. Receipts for donations of \$15.00 or more will be sent within this tax year. Please print clearly.**

### Pledges (Tax receipts will be issued for donations of \$15 or more)

#### Pledges in memory of:

MR MRS MS DR Please circle one	FIRST NAME	LAST NAME	EMAIL	<input type="checkbox"/> Please do not contact *	PLEDGE	PAID	TAX RECEIPT
MAILING ADDRESS					CITY	PROVINCE	POSTAL CODE TELEPHONE
MR MRS MS DR Please circle one	FIRST NAME	LAST NAME	EMAIL	<input type="checkbox"/> Please do not contact *	PLEDGE	PAID	TAX RECEIPT
MAILING ADDRESS					CITY	PROVINCE	POSTAL CODE TELEPHONE
					<b>TOTAL</b>		

\* The Burnaby Hospice Society is committed to protecting the privacy of our contributors, volunteers and all stakeholders. The information collected on this form will be used for purposes of administering your participation in the 2019 Hike for Hospice Burnaby, including tax receipting, recognition and statistical purposes. The information will also be used to send you information about the Burnaby Hospice Society unless you select the opt-out option above. Your information will not be sold, rented or bartered to any other organizations. You may withdraw your consent for future use at any time by contacting 604.520.5087.

Burnaby Hospice Society (Charitable Registration # 12948 1388 RR0001)  
4535 Kingsway, Burnaby BC V5E 0E5 Telephone: 604.520.5087 Email: info@burnabyhospice.org

#### FOR OFFICE USE ONLY

Event Volunteer Initials \_\_\_\_\_

#### Instructions for Registration Desk Volunteers

1. Total the Pledge and Paid columns and enter amounts in the TOTAL line at the bottom of the form.
2. If the two amounts are different, please let the participant know so they may collect any outstanding funds.
3. Ensure the amount of cash and cheques collected is equal to the Paid column.
4. Please ensure the tax receipt column is completed. Please noted tax receipts are only issued for donation of \$15 or more.