

Please bring your completed pledge form and monies to the registration table on Hike Day

8<sup>TH</sup> ANNUAL



CROSSROADS HOSPICE SOCIETY

# PLEDGE FORM

Sunday, May 2, 2010

Hyde Creek Recreation Centre, 1379 Laurier Avenue, Port Coquitlam  
Port Moody City Hall, 100 Newport Drive, Port Moody



Canadian Hospice Palliative Care Association  
Association canadienne de soins palliatifs

Registration: **9:00 am**

Warm-up: **9:45 am**

Hike: **10:00 am**

Prizes and Awards: **11:15**

Pledges in memory of:									
Participant's Name	Street Address	City	Postal	Telephone	Email Address				
I am part of a team. The name of my team is _____					My team captain is _____				
Sponsor's Name	Street Address	City	Postal	Telephone	Pledge	Pledged Online	Paid	Receipt	
						<input type="checkbox"/> Y		<input type="checkbox"/>	Y
						<input type="checkbox"/> Y		<input type="checkbox"/>	Y
						<input type="checkbox"/> Y		<input type="checkbox"/>	Y
						<input type="checkbox"/> Y		<input type="checkbox"/>	Y
						<input type="checkbox"/> Y		<input type="checkbox"/>	Y
						<input type="checkbox"/> Y		<input type="checkbox"/>	Y
						<input type="checkbox"/> Y		<input type="checkbox"/>	Y
						<input type="checkbox"/> Y		<input type="checkbox"/>	Y
						<input type="checkbox"/> Y		<input type="checkbox"/>	Y
						<input type="checkbox"/> Y		<input type="checkbox"/>	Y
Cash, Visa & MasterCard or make cheques payable to Crossroads Hospice Society.					<b>Total</b>				

"I hereby release the organizers of this event, their agents, volunteers, the event sponsors and Crossroads Hospice Society from any and all liability."

I authorize the use of photos showing my participation in the event

ALL PARTICIPANTS MUST SIGN (under 19 parent/guardian must sign)

Crossroads Society office: 604-945-0606

www.crossroadshospice.bc.ca

Tax receipts issued for pledges of \$25 or more

Total Pledges \$ \_\_\_\_\_  
Less Online Pledges \$ \_\_\_\_\_  
ACTUAL CASH/CHEQUE \$ \_\_\_\_\_

Charitable Registration #894850635RR0001