

Registration: 3:00 pm
 Walk: 3:30 pm
 Chili: 5:00 pm



SUNDAY OCTOBER 4, 2015

Name _____ Phone _____
 First name Last name home

Address _____
 Street apt # city province postal code

Team Name/Group _____

** Please use as many sponsor sheets as needed

** Make any cheques payable to Hospice North Hastings**Provide full mailing address if you need a tax receipt.

PLEDGE INFORMATION (PLEASE PRINT CLEARLY)

Supporter's Name	Mailing Address Street, City/Town, Postal Code	Amount ledged	Amount Collected	Rec. Req.
John Smith	1000Main Street,Anytown, ON XOX OXO	\$\$\$	\$\$\$	Yes/No
1.				
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12.				
13.				
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15.				

Please Bring this pledge sheet with you to the Hike

Total	
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