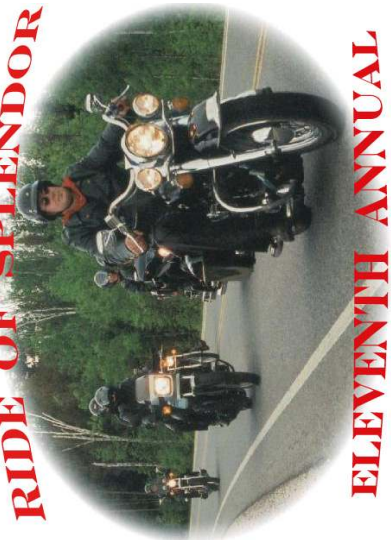

Carleton Place & District Memorial Hospital Auxiliary
Sunday September 19, 2010

At the Carleton Place Curling Club
120 Patterson Crescent (off Mcneely Ave.)

Registration: … 8:00 to 10:00 a.m.
Breakfast: …….. 8:30 to 9:30 a.m.
Ride begins: …… 9:30 a.m.

One person per
Registration / Pledge Form

Name: _____
Address: _____
City: _____
Prov.: _____ Pcode: _____
Phone: _____
e-mail: _____

Registration Fee: **$20.00**
(meals included)
Registration is **FREE** with
$50.00 or more in pledges

Total Pledges: _____
Grand Total: _____

PLEDGE FORM

All Pledges Must Be Collected and Submitted Before the Ride Begins. Receipts for donations of **$20.00 or more** will be issued upon request by the Carleton Place and District Memorial Hospital (#118838820RR0001) **Incomplete, illegible or ineligible addresses will not be receipted.**

NAME	ADDRESS	PCODE	AMOUNT	Tax Rcpt. Req.

Please make copies of this form for additional pledges.

Total: _____

WAIVER

I the undersigned, hereby waive, release and forever discharge The Ride of Splendor, The Carleton Place & District Memorial Hospital, The Carleton Place & District memorial Hospital Auxiliary, members of the organising committee, supporters, volunteers and all other associates with the event of and from all manner of actions, causes of action, suits, debts, claims and demands whatsoever for The Ride of Splendor and associated events. I assume full responsibility for injury or damage arising as a result of the participation associated with The Ride of Splendor event and for my passenger.

Signature: _____

Date: _____

All cheques must be payable to:

C.P. & D.M. HOSPITAL AUXILIARY

you must have a valid motorcycle driver's license and insurance to participate in this event.

Questions call (613) 257-2200 ext 323

email mpinon@sympatico.ca or auxiliary@carletonplacehosp.com

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Total: _____