

Hike For Health 2020 - Registration and Pledge Form

Name : _____ Age: _____

Address: _____

How many years have you participated in the Hike for Health? _____

Do you know what trail you plan to hike? If yes, please indicate which trail _____

Registration Fees:

- HIKE Adult (\$25)
- HIKE Child- 14 and under (\$10)

Payment Type:

- Cheque
- Cash

Pledges (if applicable)

Receipts can be issued for pledge amounts over \$25.00 (not including registration fee). Please respect social distancing and avoid going "door to door" for pledges this year.

Name	Address	Pledge amount	Receipt Requested

Photographs/Videos taken during these events may be used for promotional purposes. In signing this form you are aware of this fact and give permission for the committee to use images of your likeness taken during the event for promotional purposes in any media, in perpetuity.

Signature of participant (or guardian if under 18)

Total Pledges: _____

Total \$ submitted: _____

Date: _____