

Spirit Wheel Walk Run

2018 REGISTRATION FORM

SWWR Event Name: _____

Date of event: _____

Location of Event: _____

Registration acknowledges you as a participant in a Wheel Walk Run event in 2018.
Everyone who registers will receive an event T-shirt.

Please Print

Your Full Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone (H) _____ Phone (W) _____

Email _____

Your T-Shirt Size **Adult** S M L XL **Youth** S M L

Team member names (if required attach a list of additional names and T-shirt sizes).
Please provide the ages of all children and youth registered.

Full Name _____ T-Shirt: **Adult** S M L XL **Youth** S M L

Full Name _____ T-Shirt: **Adult** S M L XL **Youth** S M L

Full Name _____ T-Shirt: **Adult** S M L XL **Youth** S M L

Full Name _____ T-Shirt: **Adult** S M L XL **Youth** S M L

REGISTRATION FEES \$10 **Total enclosed \$** _____

METHOD OF PAYMENT

Cheque payable to Hydrocephalus Canada **or** **Credit Card** Visa MasterCard Amex

Card number _____ Expiry ____/____

Cardholder name _____ CV # _____

Signature _____

Return this completed form, together with appropriate payment by fax to 416 214-1446 or mail to:

Hydrocephalus Canada
16 Four Seasons Place, Suite 111, Toronto, Ontario M9B 6E5
Call 800-387-1575 or 416-214-1056