

































Name			
Email	Phone		
Address	City/Prov	Postal code	
Emergency contact name (not present on the Ride)	Phone		
Gender □ Male □ Female <u>Birth year</u>	Captain's Club # (if applicable))	QOUD SUPPORTE
Vehicle manufacturer	I'm riding with team/club/legion branch (if applicable))	RIDEFORDAD
I'd like to make a personal pledge towards my fundraisin	ng goal \$	_	FIGH
taking part and riding in a group such as in this event. These hereby waive, release and forever discharge the members Fight Foundation), and all other associates with the event	oved safety attire, and required insurance to participate in today's eve e dangers and risks include damage, injury, serious injury and/or death of the organizing committee, the police, sponsors, supporters, volun of and from all manner of actions, causes of action, suits, debts, clair is a result of my participation in this event and for my passenger . This tivities.	n. Knowing and fully appreciating these dang teers, the proceed recipient (the Ride For D ms and demands whatsoever arising from o	gers and risks, I the undersigned, Oad and/or The Prostate Cancer or in connection with this event.
Signed	Date		
	PLEDGES		Amount
Donor name			
Email	Phone		
Address	City/Prov	Postal code	
Donor name			
Email	Phone		
Address	City/Prov	Postal code	
Donor name			
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Donor name		'	
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Donor name			-
Email	Phone		
Address	City/Prov	Postal code	
Donor name			
Email	Phone		
Address	City/Prov	Postal code	
	ne Ride begins. Receipts will be automatically issued for donations	Total pledges above	
of \$20 or more, provided name and address are complete and legible. Make all cheques payable to "Ride For Dad." Working in partnership with the Prostate Cancer Fight Foundation, charitable registration #851333179RR0001.			
Donors, thank you for providing your email addre you with an e-receipt.	Registration fee		

Total overall