Illuminight

Juravinski Hospital and Cancer Centre Foundation

Registration and Pledge Form

Online registration: www.hamiltonhealth.ca/illuminight

See website for more information and detailed event agenda.

Participant Name: _____ Team Name: _____

Address: _____ City: _____ Postal Code: _____

E-mail: _____ Phone (Home): _____ Phone (Work): _____

Are you: ❑ Current / former cancer patient ❑ Supporter of current/former patient ❑ HHS employee/physician ❑ Community Member

Registration Type

ADULTS Before July 31 ❑ $25	ADULTS After August 1 ❑ $30	YOUTH 13-17 Price ❑ $10	KIDS 12 & UNDER* Price ❑ Free

**Kids 12 & under can participate for free but must register.*

Hamilton Health Sciences Foundation

Charitable Reg# 131159543 RR0001

Pledges Collected

Sponsor Name (Print clearly)	Sponsor Address	Postal Code	Sponsor E-mail	Amount**

Please make cheques payable to *Hamilton Health Sciences Foundation.*

** Only donations of $10 or more will be issued a tax receipt. Information must be legible to be receipted.

All funds must be received and pledges verified online by 4 p.m. on Wednesday, October 2, 2019 to qualify for Illuminight fundraising prizes and draws.

Privacy Note: Hamilton Health Sciences Foundation respects your privacy and is committed to protecting your personal information. We do not share, rent, trade or sell any of the personal information we collect. The information we collect is used to keep you informed of Foundation activities. If, at any time, you wish to be removed from our list or to obtain a copy of our Information Privacy Policy, please contact us at (905) 522-3863 or via email at info@hamiltonhealth.ca.

Total Submitted $ _____

Signature: _____

By signing, I acknowledge that I have read and agree to the event waiver posted online at www.hamiltonhealth.ca/illuminight and available onsite at *Illuminight*.