



SATURDAY, SEPTEMBER 19, 2020
BAYFRONT PARK, HAMILTON

To register and fundraise online visit:
www.hamiltonhealth.ca/strides
OR complete the form below.
One form per participating individual.

Participant Name: _____ Team Name: _____
Address: _____ City: _____ Postal Code: _____
E-mail: _____ Phone: _____

Shirt Size: XS S M L XL XXL || Male Female

Are you: Current / former Hamilton General Hospital / Supporter of current / former patient HHS employee Community Member
Regional Rehabilitation Centre patient

Registration Type *Children 12 and under can participate free of charge in the walk but must register to receive a shirt.

5K Walk (Under 18) <input type="checkbox"/> \$20 - Until July 31 <input type="checkbox"/> \$25 - Until August 31 <input type="checkbox"/> \$30 - September	5K Walk (Adults) <input type="checkbox"/> \$25 - Until July 31 <input type="checkbox"/> \$30 - Until August 31 <input type="checkbox"/> \$35 - September	All ages - 5K Run <input type="checkbox"/> \$30 - Until July 31 <input type="checkbox"/> \$35 - Until August 31 <input type="checkbox"/> \$35 - September
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Charitable Reg# 131159543 RR0001

Donations Collected

Donor Name (Print clearly)	Donor Address	Postal Code	Donor 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 Thursday, September 17, 2020 to qualify for *Strides for the General* 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/strides and available onsite at *Strides For The General*.