



THE GREAT HOSPITAL RACE
Registration Form



October 5, 2019
9am – Check In, 10am – Race Start

Registration Fee = \$50 per team of 2

**Fees are non-refundable. Entry fee may be transferred to another participant if the original participant is unable to attend.
Make cheques payable to: Wingham & District Hospital Foundation

Complete and return the WDH Foundation office at 270 Carling Terrace or email to wdh.foundation@lwha.ca
OR register online at www.wdhfoundation.ca

TEAM NAME:

PARTICIPANT #1

Name: _____ Age: _____

Full Address : _____

Email (required*): _____

Phone #: _____ T-Shirt Size : small medium large x-large

PARTICIPANT #2

Name: _____ Age: _____

Full Address : _____

Email (required*): _____

Phone #: _____ T-Shirt Size: small medium large x-large

I hereby declare I will not hold the Wingham and District Hospital and/or Wingham and District Hospital Foundation responsible or liable for any loss, damage, injury or Death that may occur while in attendance at the event. I accept this risk as my total Responsibility and I fully understand the implication as stated above and in signing assume the same for dependent children.

Participant #1 Signature: _____

Date: _____

Participant #2 Signature: _____

Date: _____

As a participant under the age of 18, I understand that I must have this form counter signed by a parent or guardian. As a parent and/or Legal guardian of the above I hereby give permission for the above named to participate in the Great Hospital Race on the basis of the conditions set.

Required only for participants 18 and under:

Participant #1 Parent/Guardian Signature: _____

Date: _____

Participant #2 Parent/Guardian Signature: _____

Date: _____



THE GREAT HOSPITAL RACE
Pledge Instructions

PRIZES!

The team that raises the MOST pledges will get to select one other team to delay by one minute at the start of the race. Use this power wisely!

Each team who collects **\$100 - \$200** will receive a \$20 gift certificate to ANYWHERE IN WINGHAM!

Each team who collects **\$200 - \$500** will receive a \$40 gift certificate to ANYWHERE IN WINGHAM!

Each team who collects **more than \$500** will receive a \$60 gift certificate to ANYWHERE IN WINGHAM!

Prizes are generously sponsored by **HOWICK MUTUAL INSURANCE COMPANY**

RACE PRIZES!		
1 st Place GRAND PRIZE \$300!	2 nd Place \$100	3 rd Place \$50

BRING ALL YOUR PLEDGES WITH YOU ON RACE DAY.
Only pledges presented on race day will count towards prizes.

COLLECT PLEDGES IN PERSON

Print the form below and record the details of each pledge you collect. Full name and address are important so that a tax-deductible receipt can be sent. Use as many sheets as you need.

COLLECT PLEDGES ONLINE

Go to <https://www.canadahelps.org/en/charities/wingham-and-district-hospital-foundation/p2p/GreatRace>

Click CREATE A TEAM and follow the prompts to set up your team page.

Share on social media to raise even more pledges!

Record one total for pledges collected in person and one total for pledges collected online. Submit the overall total for your team on race day.

DON'T FORGET! Bring your form AND all your collected funds on race-day (no "to-be-paid" please).

For any questions or concerns regarding pledges or the Race do not hesitate to contact Development Officer Nicole Jutzi at 519-357-3903 or wdh.foundation@lwha.ca.



THE GREAT HOSPITAL RACE



Pledge Form

All proceeds go towards a Laparoscopic Tower for the Operating Room

CLEARLY PRINT THE NAME AND FULL ADDRESS OF DONORS GIVING \$10 OR MORE FOR TAX-RECEIPT PURPOSES

Racer 1: _____ Racer 2: _____ Team Name: _____

Name	Address	Donation Amount

Total Amount Enclosed with Paper Pledge Form \$ _____ Total Amount Raised Online \$ _____

TEAM TOTAL \$ _____