



2019 KIDS FUNDRAISING FORM

First Name	Last Name
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Suite/ Apt. No.	Mailing Address	City	Province/State	Postal Code
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Parent/Guardian Number	Parent/Guardian Email
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Please print clearly to ensure receipts for amounts of \$15.00 and over are issued, unless otherwise specified.
 Please make all cheques payable to: SCOTIABANK ROAD HOCKEY TO CONQUER CANCER.
 All donations will be credited in Canadian dollars. All donations are 100% tax deductible, and are non-refundable and non-transferable.

First Name	Last Name	Mailing Address	City	Postal Code	Telephone #	Email	Pledge	Collected	Receipt Issued*
TOTAL AMOUNT \$									

Shaded area for office use only

_____	_____	_____
Date	Name of Participant	Signature of Guardian

For more information about The Princess Margaret, please visit www.thepmcf.ca
 To register, or for more information about SCOTIABANK ROAD HOCKEY TO CONQUER CANCER, please visit: teamuptoconquercancer.ca
 or call us at 1.877.541.4646

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