2009

R.O.C.K.

RIDE FOR OUR CANCER KIDS

Name: _____ **Email:**_____
Address:_____ **Province:** _____
City: _____ **Postal Code:** _____
Phone: _____ **Club Affiliation:** _____

Note: Rider Minimum Donation ($30) Passengers are free.
Every $50.00 gets 1 raffle ticket for grand prize. Min. $50 donation for T-shirt (first 100 bikes)
Passengers must sign passenger portion below.

Waiver: I, the undersigned, hereby waive, release and forever discharge the R.O.C.K. Ride, members of the organizing committee, sponsors, supporters, volunteers and all other associates with the event of and from all manner of actions, suits, debts, claims and demands whatsoever for the R.O.C.K. Ride and associated events. I assume full responsibility for injury or damage arising as a result of the participation associated with the R.O.C.K. Ride. This also includes a 'model release' for any photographs taken while participating in any of the above mentioned activities.

Signature:_____ Date: _____
Passenger Name (if applicable)_____
Passenger Signature_____ Date_____

PLEASE PRINT.

Receipts for donations of $20.00 & over will be **issued IF REQUESTED** by the Candlelighters Foundation (Charitable No: 13189 7654 RR0001). **Incomplete or ineligible addresses WILL NOT be receipted. Cheques should be made payable to: "Childhood Cancer Foundation Canada - Candlelighters"**
The event will take place rain or shine. All funds raised go directly to the Childhood Cancer Foundation's Research Fund.

NAME	ADDRESS AND CITY	POSTAL CODE	AMOUNT	RECEIPT Y OR N

All donations must be paid on the morning of Saturday June 20, 2009.For more info contact Bob Thomas @ (519) 464-7627 or Email:info@rockride.com

CONTINUATION SHEET – PAGE #_____ NAME: _____

NAME	ADDRESS & CITY	POSTAL CODE	AMOUNT	RECEIPT Y OR N