

Date: Sunday, September 30, 2018
Registration Time: 11:00 am
Location: Willow Cove Pavilion, Confederation Park
Off North Service Rd, bottom of Hwy #20 at the lake
City / Town: Hamilton, ON

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Please ensure that writing is legible Due to the increased costs the Canadian National Autism Foundation will only automatically issue paper tax receipts for amounts of \$50.00 or greater. Tax receipts for amounts less than \$50.00 will be issued via e-mail unless a paper receipt specifically requested. No tax receipts for \$10.00

or under.

Participants Name	ipants Name:		Address:			Telephone #:					
Any Allergies: No	Yes										
T-Shirt Size S	М	L	XL	XXL							
Name of Sponsor		Address in	ncluding City		Postal Code	Telephone + Area Cod		ledge A			e Receipt
Please print clearly		Please prin	t clearly			Email address	Ca	sh	Cheque	Yes	No
CNAF is not responsible considered consent for p	for any injur	ies/ damages in	ncurred by partic	pating in t	he activity day. Partic	ipation is TOTAL Pa	ne 1				

Participants Name:		Address:	Address:			Telephone #:			
Name of Sponsor	Address including City	Postal Code			Pledge Amount		Charitable Receipt		
Please print clearly	Please print clearly		Email	address	Cash	Cheque	Yes	No	
			-						
CNAF is not responsible for any	injuries/ damages incurred by participa	ting in the activity day							
Participation is considered conser	nt for pictures/ video taken and used on	the CNAF website or							
sponsorship websites.				TOTAL Page 2					
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	a e-mail unless a paper receipt specification			GRAND TOTAL					
\$10.00 or under.		•							