

WE'RE NOT STOPPING

OUR FIGHT CONTINUES

SEPTEMBER 29, 2018

#NOBRAKES

REGISTRATION FORM

PARTICIPANT INFORMATION

Title: _____ First name: _____ Middle name: _____

Last name: _____ Organization Name: _____

Email Type: (circle one) BUSINESS HOME Email: _____

Phone Type: (circle one) BUSINESS HOME MOBILE Phone number: _____ Ext: _____

Gender: _____ Date of birth: _____

ACCOUNT INFORMATION

Username: _____ Temporary password: _____

Your fundraising goal: _____

Are you registering as a team captain? (circle one) YES NO Team name: _____

ADDRESS INFORMATION

Address type: (circle one) BUSINESS HOME Address: _____

City: _____ Province: _____ Postal Code: _____

ADDITIONAL INFORMATION

Emergency contact name: _____ Emergency contact number: _____

RIDER INFORMATION

What route will you be riding? (circle one)

Trail 25KM

Trail 50KM

Trail 75KM

Trail 100 KM

Road 100KM

Road 130KM

Road 160KM (limited availability)

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Jersey size (circle one) Men's XS Men's S Men's M Men's L Men's XL Men's XXL

Women's XS Women's S Women's M Women's L Women's XL Women's XXL

How did you hear about Ride for Cancer? (circle all that apply)

1. Workplace presentation or colleague
2. From a friend or family member
3. Social Media
4. Radio
5. TV
6. Newspaper

Are you a returning participant? (circle one) YES NO

If yes, how many years? _____

Are you a cancer survivor? (circle one) YES NO

Tell us why you are participating:

I allow the QEII Foundation or The Leukemia & Lymphoma Society of Canada to contact me regarding their programs and services. (Adult participants only - circle one) YES NO

QEII Health Sciences Centre Foundation
5657 Spring Garden Road
Park Lane Mall, Suite 3005,
Halifax, Nova Scotia B3J 3R4

YourRideForCancer.ca

 **LEUKEMIA &
LYMPHOMA
SOCIETY
OF CANADA**
fighting blood cancers

**QEII**
HEALTH SCIENCES CENTRE
FOUNDATION
health begins with caring