



# FACE THE FIGHT

SEPTEMBER 28, 2019



## 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 | Virtual Rider |

# REGISTRATION FORM cont'd

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

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Park Lane Mall, Suite 3005,  
Halifax, Nova Scotia B3J 3R4