

PARTICIPANT INFORMATION (Fill in completely on each sheet used)	Event Information:
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<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name:	Last Name:	Race Distance (5, 10, 1/2):
<input type="checkbox"/> Ms. <input type="checkbox"/>			
Mailing Address:			Page ___ of ___
City:	Prov:	Postal Code:	<b>Receipts cannot be issued without complete name and address information</b>
Daytime Phone:			
E-Mail:		Fax:	

PLEDGE INFORMATION	Please make cheques payable to REDI Enterprises Society
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<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name:	Last Name:	<b>Amount \$</b>
<input type="checkbox"/> Ms. <input type="checkbox"/>			
Business Name (if applicable):			<input type="checkbox"/> Paid in Full  Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____
Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business			
City:	Prov.	Postal Code:	
Daytime Phone:			
E-Mail:			

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name:	Last Name:	<b>Amount \$</b>
<input type="checkbox"/> Ms. <input type="checkbox"/>			
Business Name (if applicable):			<input type="checkbox"/> Paid in Full  Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____
Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business			
City:	Prov.	Postal Code:	
Daytime Phone:			
E-Mail:			

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name:	Last Name:	<b>Amount \$</b>
<input type="checkbox"/> Ms. <input type="checkbox"/>			
Business Name (if applicable):			<input type="checkbox"/> Paid in Full  Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____
Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business			
City:	Prov.	Postal Code:	
Daytime Phone:			
E-Mail:			

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name:	Last Name:	<b>Amount \$</b>
<input type="checkbox"/> Ms. <input type="checkbox"/>			
Business Name (if applicable):			<input type="checkbox"/> Paid in Full  Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____
Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business			
City:	Prov.	Postal Code:	
Daytime Phone:			
E-Mail:			

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name:	Last Name:	<b>Amount \$</b>
<input type="checkbox"/> Ms. <input type="checkbox"/>			
Business Name (if applicable):			<input type="checkbox"/> Paid in Full  Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____
Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business			
City:	Prov.	Postal Code:	
Daytime Phone:			
E-Mail:			

Tax Receipts are issued for \$10.00 and over provided contact information is complete.

Below for Office Use Only

Cash Total	Cheque Total	Page Total	Received	Non-Received
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