

| PARTICIPANT INFORMATION (Fill in completely on each sheet used)                        |   |             |              | Event Information:  |  |
|--|---|-------------|--------------|---|--|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.                             | <input type="checkbox"/> Ms. <input type="checkbox"/> | First Name: | Last Name:   | Race Distance (5, 10, 1/2):   |  |
| Mailing Address:   |   |             |              | Page ___ of ___   |  |
| City:  |   | Prov:       | Postal Code: |   |  |
| Daytime Phone:   |   |             |              | <b>Receipts cannot be issued without complete name and address information</b>    |  |
| E-Mail:  |   | Fax:        |              |   |  |
| PLEDGE INFORMATION   |   |             |              | Please make cheques payable to REDI Enterprises Society                           |  |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.                             | <input type="checkbox"/> Ms. <input type="checkbox"/> | First Name: | Last Name:   | <b>Amount \$</b>  |  |
| Business Name:   |   |             |              | <input type="checkbox"/> Paid in Full   |  |
| Mailing Address:<br><input type="checkbox"/> Home <input type="checkbox"/> Business    |   |             |              |   |  |
| City:  |   | Prov.       | Postal Code: |   |  |
| Daytime Phone:   |   |             |              | Paid:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Cheque # _____ |  |
| E-Mail:  |   |             |              |   |  |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.                             | <input type="checkbox"/> Ms. <input type="checkbox"/> | First Name: | Last Name:   | <b>Amount \$</b>  |  |
| Business Name:   |   |             |              | <input type="checkbox"/> Paid in Full   |  |
| Mailing Address:<br><input type="checkbox"/> Home <input type="checkbox"/> Business    |   |             |              |   |  |
| City:  |   | Prov.       | Postal Code: |   |  |
| Daytime Phone:   |   |             |              | Paid:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Cheque # _____ |  |
| E-Mail:  |   |             |              |   |  |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.                             | <input type="checkbox"/> Ms. <input type="checkbox"/> | First Name: | Last Name:   | <b>Amount \$</b>  |  |
| Business Name:   |   |             |              | <input type="checkbox"/> Paid in Full   |  |
| Mailing Address:<br><input type="checkbox"/> Home <input type="checkbox"/> Business    |   |             |              |   |  |
| City:  |   | Prov.       | Postal Code: |   |  |
| Daytime Phone:   |   |             |              | Paid:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Cheque # _____ |  |
| E-Mail:  |   |             |              |   |  |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.                             | <input type="checkbox"/> Ms. <input type="checkbox"/> | First Name: | Last Name:   | <b>Amount \$</b>  |  |
| Business Name:   |   |             |              | <input type="checkbox"/> Paid in Full   |  |
| Mailing Address:<br><input type="checkbox"/> Home <input type="checkbox"/> Business    |   |             |              |   |  |
| City:  |   | Prov.       | Postal Code: |   |  |
| Daytime Phone:   |   |             |              | Paid:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Cheque # _____ |  |
| E-Mail:  |   |             |              |   |  |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.                             | <input type="checkbox"/> Ms. <input type="checkbox"/> | First Name: | Last Name:   | <b>Amount \$</b>  |  |
| Business Name:   |   |             |              | <input type="checkbox"/> Paid in Full   |  |
| Mailing Address:<br><input type="checkbox"/> Home <input type="checkbox"/> Business    |   |             |              |   |  |
| City:  |   | Prov.       | Postal Code: |   |  |
| Daytime Phone:   |   |             |              | Paid:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Cheque # _____ |  |
| 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  | Receipted    | Non-Receipted   |  |