OFFICIAL ENTRY FORM

Surname please print

First Name Initials

Address (Include Apt. #, R.R. #)

City/Town

Province/State Postal Code

( )

Area Code & Telephone

Waiver: In consideration of your acceptance of this entry, I hereby for myself, my heirs, executors, and administrators waive and release any and all rights and claims for damages I may have against the London Run For Ovarian Cancer, or The City of London, their representatives, successors and assigns, or against officers, directors or representatives of any of the above for any and all injuries suffered by me in the London Run For Ovarian Cancer. I also give permission for the free use of my name and/or picture in any broadcast, telecast or other account of this event.

Signature Date

Parent or Guardian Signature if participant is under 18

Registrant's Email Address:

Team Name:

PLEDGE FORM

Help us raise money for the fight against ovarian cancer!

Amount $ Enclosed Entry Fee

+ $ Run Donation

= $ Total

☐ I am unable to collect donations but I'd like to support ovarian cancer awareness at London Health Sciences Centre.

My contact information is below.

Please send all monies after race to:

London Run for Ovarian Cancer
c/o London Health Sciences Centre
747 Base Line Road East London, ON N6C 2R6

Online registration available at www.runforovariancancer.ca

Please print

Please make cheques payable to London Run for Ovarian Cancer. Receipts for income tax purposes are issued for pledges of $20 or more, if donor information is clear and complete. Additional forms are available at the Running Room. For the safety of those participating, NO DOGS, NO ROLLER BLADES AND NO BIKES.

Sponsor's Name	Sponsor's Address	City	Postal Code	Telephone	Amt. Pledged	Amt. Paid
Sample Donor	123 John Street	London	Z2B 4P5	(519) 123-4567	$40.00	$40.00