The "4th" Andrew Dunn Memorial 1-5 km Walk & 5 or 10 km Fun Run

SATURDAY, MAY 8TH, 2010

OAKBANK ARENA

Money must be in by May 8th, 2010

All money goes towards ***Mood Disorders Association of Manitoba***

Participant's Name _____

Address _____

City _____ ***Prov.*** _____ ***Postal Code*** _____

Phone _____ ***email*** _____

Step 1 - **Collect donations**
Step 2 - **Register 8:00 a.m. - 10:00 a.m.**
Step 3 - **Walk/Run starts @ 10:00 a.m, rain, shine or snow**
Step 4 - **After event - *Free BBQ, ENTERTAINMENT, PRIZES AND SILENT AUCTION***

5 & 10 K - SPONSORED BY: Running Room LTD.

Name (please print clearly)	Address (including postal code)	Phone Number	Pledge Amount	Amount Collected	Tax Receipt?	Method of Payment Cash/Cheque/Visa/MC
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
		TOTAL				

Please make cheques payable to: Mood Disorders Assoc. of MB
Charitable Registration # 15192

Name (please print clearly)	Address (including postal code)	Phone Number	Pledge Amount	Amount Collected	Tax Receipt?	Method of Payment Cash/Cheque/Visa/MC
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
						☐cash ☐cheque ☐VISA ☐MC ☐Expiry Date _____ card #
		TOTAL				

FOR MORE INFORMATION : *Call Judy @ Mood Disorders: 444-5228*
email: jd4mdam@gmail.com or Brenda: 444-5771 email: balinski@mts.net

HOW YOUR DONATION DOLLARS ARE PUT TO WORK:

* Individual & family support groups
* Public education and awareness
* Research &/or alternative treatment

Walker/Runner/Rider's Waiver

In consideration of your acceptance of this form, I hereby for myself, my heirs, administrators and assigns, waive and release any and all rights and claims for damages I may have against the organizers and any associations connected with this event or city, or municipality in which I may walk, run, or ride their representatives, successors and assigns for any and all injuries suffered by me while taking part in this walk/run/ride. Also, any pictures or video of myself may be used by the Andrew Dunn Committee for eductional purposes.

_____
Name (Please print)

_____
Signature (If under 18 must be signed by a parent or guardian)

_____
Signature of Parent or Guardian