



WHERE KIDS COME FIRST SNOWMOBILE RIDE

REGISTRATION FORM

Name: _____ Email: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____

There is a \$35.00 registration fee, plus \$150.00 Minimum in Pledges.

Please submit registration form and payment by February 15th. See attached Pledge Form.

Make cheque payable and mail to:

A Child's Voice Foundation
45 Cairns Crescent, Unit #5
Huntsville, ON P1H 1Y3
Phone (705) 789-6644 Fax (705) 789-9685 or cell – (705) 646-7793
We also accept: Visa ___ Mastercard ___ American Express___

Card # _____ Expiry Date _____

Signature _____ Date: _____

ATTENTION ALL RIDERS: Please ensure that you are fueled up **BEFORE** you come to ride, as it will make the run smoother and more enjoyable!

WAIVER

I, the undersigned, hereby waive, release and forever discharge A Child's Voice Foundation, members of the organizing committee, sponsors, supporters, volunteers and all others associated with the event from and of all manner of actions, causes of action, suits, debts, claims and demands whatsoever. I assume full responsibility for injury or damage arising as a result of participation in this event. This also includes a "model release" for any photographs or videos taken while participating in the above-mentioned activity. I hereby declare that the motorized vehicle I will use in this event is insured, licensed according to provincial law, and has a valid OFSC Trail Pass.

Signature _____ Date _____

On behalf of the families we serve, A Child's Voice Foundation thanks you for your participation. Have a wonderful, fun-filled day on the trails!

National Office: 3034 Palstan Rd., Suite 301, Mississauga, ON L4Y 2Z6 Phone: (905) 275-3434 Toll Free: 1-888-837-3354 Fax: (905) 275-3139

Regional Office: 45 Cairns Cres., Unit # 5, Huntsville, ON P1H 1Y3 Phone: (705) 789-6644 Fax: (705) 789-9685



Name:	Email:
Street:	City:
Prov.:	Postal Code:
Phone #: ()	

All cheques for pledges are to be made payable to: A Child's Voice Foundation.
 (Donations of \$20.00 or more will be issued a receipt by A Child's Voice Foundation)
 Charitable Number 88754 9285 RR0001

Minimum Pledges of \$150.00 per rider is required.

First Name:		Last Name:	
Street:		City:	Postal Code
Phone: ()	Email address		Pledge Amount:
Credit Card # Visa-() Mastercard () American Express ()		Expiry date & Signature	
First Name:		Last Name:	
Street:		City:	Postal Code
Phone: ()	Email address		Pledge Amount:
Credit Card # Visa-() Mastercard () American Express ()		Expiry date & Signature	
First Name:		Last Name:	
Street:		City:	Postal Code
Phone: ()	Email address		Pledge Amount:
Credit Card # Visa-() Mastercard () American Express ()		Expiry date & Signature	
First Name:		Last Name:	
Street:		City:	Postal Code
Phone: ()	Email address		Pledge Amount:
Credit Card # Visa-() Mastercard () American Express ()		Expiry date & Signature	

National Office: 3034 Palstan Rd., Suite 301, Mississauga, ON L4Y 2Z6 Phone: (905) 275-3434 Toll Free: 1-888-837-3354 Fax: (905) 275-3139

Regional Office: 45 Cairns Cres., Unit # 5, Huntsville, ON P1H 1Y3 Phone: (705) 789-6644 Fax: (705) 789-9685