

**PLEASE PRINT CLEARLY IN INK**  
**Participant Information**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**CAMP JUMOKE**  
**7TH ANNUAL BOWL-A-THON**

PLAYTIME BOWL, 33 SAMOR RD., TORONTO  
 SATURDAY, FEBRUARY 13, 2010

SIGN IN STARTS AT 11:00 A.M. - 12:30 P.M. Only  
 BOWLING STARTS AT 1 P.M.

PRE-REGISTRATION (TEAM OF 5) PREFERRED  
 CALL CAMP JUMOKE OFFICE



	First Name	Last Name	Phone #	Amount	Paid
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	<input type="checkbox"/>
	Apt #	Address	City	Prov	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	<input type="checkbox"/>
	Apt #	Address	City	Prov	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	<input type="checkbox"/>
	Apt #	Address	City	Prov	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	<input type="checkbox"/>
	Apt #	Address	City	Prov	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	<input type="checkbox"/>
	Apt #	Address	City	Prov	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	<input type="checkbox"/>
	Apt #	Address	City	Prov	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	<input type="checkbox"/>
	Apt #	Address	City	Prov	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	<input type="checkbox"/>
	Apt #	Address	City	Prov	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	<input type="checkbox"/>
	Apt #	Address	City	Prov	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	<input type="checkbox"/>
	Apt #	Address	City	Prov	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
				\$ _____	<input type="checkbox"/>

PLEASE MAKE ALL CHEQUES PAYABLE TO: **Camp Jumoke** **TOTAL PLEDGES**  
 1457 Dundas Street West, Suite 203, Toronto, ON M6J 1Y7  
 Tel.: 416-410-2995 Fax: 416 920-2064 Website: www.jumoke.org Email: info@jumoke.org

**RELEASE:** In submitting this registration form, I acknowledge that I understand the intent thereof, and I hereby agree to absolve and hold harmless the Camp Jumoke, Corporate Sponsors, Co-operating Organizations and any other parties affiliated with this event in any way alone or collectively, from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the 2010 Bowl-a-thon. I hereby grant permission to Camp Jumoke to use any portion of my appearance and/or name and likeness as photographed for use in future marketing, advertising and promotional materials.

**Charitable Registration Number 890014970RR0001** Tax receipts will be issued for pledges of \$20.00 or more. Complete mailing address required for Tax Receipt

**SIGNATURE**

For additional Pledge forms please contact Camp Jumoke

**THANK YOU FOR SUPPORTING CAMP JUMOKE**