



Sunday, October 22, 2017
 8:00am - Ontario Place Grounds (Close to Ontario St.)

- Tax receipts will be issued for all pledges of \$20.00 or more
- Complete mailing address required for issuing of Tax receipt

Gather a team and create an online fundraising page at www.torontowaterfrontmarathon.com/stwm-charities/camp-jumoke and encourage your friends to support your walk.

PLEASE complete in full: *Camp Jumoke will use the information gathered for processing and receipting. Personal information is used for purposes of event communication and prize eligibility.*

First Name: _____ Last Name: _____

Home Address: _____ City: _____ Prov.: _____ Postal Code: _____

Email: _____ Home Bus. Phone: _____ Cell: _____

***Goal for 2017 is \$250.00 per participant**

Signature _____ Date _____

FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROVINCE	POSTAL CODE	EMAIL ADDRESS	AMT. PLEDGED	
PLEASE PRINT CLEARLY								Paid <input type="checkbox"/>
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								TOTAL (this page)

Please make cheques payable to: Camp Jumoke 1457 Dundas St. W, Suite 205 Toronto, ON M6J 1Y7
 Tel/Fax: 416.410.2995 | www.jumoke.org | cjwalk@jumoke.org

Release: In submitting this registration form, I acknowledge that I understand the intent thereof and hereby agree to absolve and hold harmless Camp Jumoke, its 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 2017 Walk-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 issuance of tax receipt.

GRAND TOTAL _____ Page ___ of ___