REGISTRATION FORM

LAST NAME

FIRST NAME

ADDRESS

CITY

PHONE **POSTAL CODE** **PROV**

E-MAIL

BIRTHDATE
YY MM DD

HOCKEY SKILL LEVEL
(A, B, C, D)

Payment Method:

Cash ☐ **Visa** ☐ **Mastercard** ☐ **Cheque** ☐

Card Number **Expiry**

_____ _____
PARTICIPANT'S/GUARDIAN SIGNATURE **DATE**

Waiver: In consideration of your acceptance of this entry, I, for myself, my heirs, executors, administrators and assigns hereby waive, release and discharge any and all claims against the Windsor Spitfires Foundation, Windsor Ice Park, event sponsors, event volunteers and their officers, directors, agents, successors, and/or assigns for any and all injuries suffered by me at this event. I hereby grant permission for the free use of my name and picture in any broadcast, chure or account of this event.

Friday July 20th - Windsor Ice Park
Windsor Spitfires Foundation 4 on 4 Celebrity Hockey Tournament

SPONSOR'S NAME	SPONSOR'S ADDRESS	POSTAL CODE	PHONE #	AMOUNT PLEDGED	RECEIPT REQUIRED
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

Pledges of $10.00 or more are eligible for a tax receipt.
IN ORDER TO RECEIVE A TAX RECEIPT YOU MUST PROVIDE INFORMATION INCLUDING NAME, ADDRESS, CITY AND POSTAL CODE.
All cheques are payable to the Windsor Spitfires Foundation.
Please keep a copy of your pledge sheet for your records.

TOTAL AMOUNT PLEDGED $_____