

PARTICIPANT INFORMATION

First Name _____ Last Name _____
 Address _____ Apt.# _____
 City _____ Province _____ Postal Code _____
 Email _____
 Preferred Tel#, Home: _____ Work: _____
 Preferred Language English French
 Shipping address (if different from above) _____

2012 PRIZES

All participants that raise a minimum of \$20 or above will be entered into a draw and will be eligible to win an iPad2.



Participants who raise a minimum of \$50 qualify to receive a GUTSY WALK water bottle at the event and one of these exciting prizes.

One prize per participant! Please allow 10-12 weeks for shipping of prizes.

I wish to waive my prize

TEAM INFORMATION

I am participating as part of a team: Family/Friends Team: Company Team:
 Team Name _____
 Team Captain _____
 Company Name _____

Level	Amount Raised	Prize
A	\$50	Water bottle (You will receive at the event) <input type="checkbox"/>
B	\$125	\$10 Canadian Tire Gift Card + water bottle <input type="checkbox"/>
C	\$250	\$25 Canadian Tire Gift Card + water bottle <input type="checkbox"/>
D	\$500	\$50 HBC Gift Card + water bottle <input type="checkbox"/>
E	\$1000	\$100 HBC Gift Card + water bottle <input type="checkbox"/>
F	\$5000	\$500 Future Shop Gift Card + water bottle <input type="checkbox"/>



GENERAL INFORMATION

Age range: 13 and Under 14-25 26 and Over
 Male Female
 DO YOU KNOW SOMEONE WITH IBD? No Myself Family member Other

Sponsor Name	Address	Credit Card number and Expiry	Pledge Amount	Paid
E-mail address / Telephone number			Payment Method	
First/Last <input type="checkbox"/> This is a Company	City Prov. Code	Expiry MM/YY	\$ _____	<input type="checkbox"/> Paid
Email/Tel			Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	

I would like to pay the unpaid balance of my donors' pledges in full by credit card.

Credit Card # _____
 Expiry MM/YY _____ Balance Paid \$ _____

For Office use only:

Total Cash \$ _____ Page Total _____
 Total Cheque \$ _____ # of pages _____ of _____
 Total Credit Card \$ _____ Total of all paid pledges \$ _____
 Grand Total _____

Visa **MasterCard** **AMERICAN EXPRESS**
 Crohn's and Colitis Foundation of Canada
 600 - 60 St. Clair Avenue East, Toronto, Ontario M4T 1N5 416.920.5035
 or toll free: 1 800 387-1479

Waiver/Release: By participating in the 2012 Gutsy Walk, I waive and release any and all claims for myself, heirs, executors and administrators against all officials and organizers of Gutsy Walk including but not limited to the CCFC, their sponsors and their properties, investors and owners for injury, illness or death which may directly or indirectly result from my participation in this event. I shall permit the free use of my name, amount raised, and picture in publicity resulting from the 2012 Gutsy Walk. I am physically fit to participate in this event. I have read, understand and agree with the contents of this waiver/release prior to participating in the 2012 Gutsy Walk.

Signature of Participant or Guardian: _____ Date: _____