

Entry Form & Waiver

10km run 5km walk/run 1km walk Wheelchair

Please Print

Name:

Age on Race Day:

Sex: Male Female

Address:

City:

Postal Code:

Res. Phone:

Work Phone:

E-mail:

Payment: \$

Cash/Cheque Visa/MC/AMEX

Card #:

Expiry:

Signature: _____

In consideration of The Arthritis Society accepting this, my entry, I hereby, both for myself and my heirs, waive any and all claims, for damages (whether for personal injury, death, illness or for negligence), which I may have as a result of my participation in, or attendance at, this race, and release from liability for such claims the following: The Arthritis Society, the Race Director, his committee, officials and volunteers working the race, Race Sponsors and their employees and agents, the local municipality and its employees and agents, and other participants in the race.

Date: _____

Signature: _____

Signature of
Parent or Guardian:

(if under 18 years of age)

Where did you pick up this form?

Individual Entry

Group Entry

Group name: _____

All group entries must be submitted together. Up to 4 members per team.

Fax this form to: (403) 328-1424 or mail to:

The Arthritis Society
Suite 4B, 740 4th Avenue South
Lethbridge, AB T1J 0N9



Race Information



Race Date and Time

Saturday, November 13, 2004

Costume Judging: 1:30 p.m.

Race Starts: 2:00 p.m. Sharp!

Awards Ceremony and Prizes: To follow race.

Check in at the judges' table prior to race time for costume judging and to qualify for great prizes.

Venue

Under the Grandstand, next to Bully's Sports and Entertainment Centre. Free parking/disabled parking available.

Register Today

General: \$30.00 (**\$40.00** after October 31)

Youth (14 and under): \$20.00 (**\$30.00** after October 31)

Enter early and receive a long sleeved T-shirt, jingle bell and a race kit (while quantities last). Competitive runners must register before 5:00 pm Friday, November 12 to receive your race number. **This is a fundraising event. All participants are expected to gather pledges.**

To Enter

MAIL, DROP OFF, or FAX your entry form by October 31st to:

The Arthritis Society
Suite 4B, 740 4th Avenue South
Lethbridge, Alberta T1J 0N9
Fax: (403) 328-1424

Make cheques payable to The Arthritis Society.

Race Kit Pickup

Friday, November 12, 10:30 a.m. to 8:00 p.m.

Bully's Sport & Entertainment Centre, Lethbridge, Alberta.

Costumes

Show your holiday spirit! Dress up in a festive, original costume. Prizes will be awarded for best costumes.

Team Challenge

Challenge your colleagues to form their own team and compete in the Team Challenge.

Course Info

Course marshals must be obeyed at all times. Detailed map posted at the event. Official times will be recorded.

Prizes (Pledgers Only) and Awards Presentations

Provincial Grand Prize: Raise a minimum of \$350 in pledges and be entered to win airfare for two anywhere in the United States (except Hawaii and Alaska) courtesy of Northwest Airlines. Some restrictions apply. For full details call The Arthritis Society at 1-800-321-1433 or visit www.arthritis.ca/alberta. The draw will take place on November 30, 2004 and the winner will be notified by telephone.

Plus, there are prizes for best costumes and lots of great door prizes for participants who raise pledges!

The Arthritis Society, Alberta and Northwest Territories Division, is committed to improving the quality of life for people affected by arthritis and to supporting proactive efforts directed towards the prevention, diagnosis, treatment and a cure for arthritis.

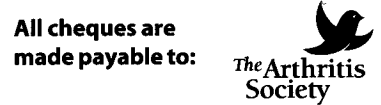
Donation Record

Raise money and win! Prizes will be awarded to highest fundraisers (adult and youth).

Raise at least **\$350** and be entered to win airfare for two anywhere in the United States (except Hawaii and Alaska), courtesy of Northwest Airlines. Collect a minimum of \$20 in pledges and enter to win fabulous door prizes.

Participant's First Name	Initial	Last Name	Age on Race Day	Telephone (Residence)
Company/Team Name (If Applicable)				Telephone (Business)
Address		Postal Code	Email Address	

Name of Donor (First Initial, Last Name)	Address (Include City)	Postal Code	Telephone	Donation



All cheques are made payable to:

Charitable Reg. No. 10807-1671-RR0007
Tax Receipts will be issued prior to February 28 for pledge amounts of \$10 or more.

Total this page	
Total Verified (initial)	

ALL PROCEEDS TO THE ARTHRITIS SOCIETY

Payment Type: Cash \$ _____ Cheque \$ _____

Visa/Mastercard/Amex \$ _____ Card # _____ Expiry Date _____ Signature _____

Privacy Statement: In recognition of the unique commitment you have made to The Arthritis Society, you will be pleased to know that your personal information will NOT be sold or traded. We maintain records of all contributions to The Arthritis Society for the purpose of distributing education, research and campaign information. All information is kept private and confidential and stored in a secure location.