



REGISTER FOR CANADIAN TIRE BRAVE T.O. 2018

Please complete one registration form per person. Please print clearly and complete all fields as applicable.

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Home Phone: _____ Other Phone: _____

Date of Birth: ___/___/_____ Gender: Female ___ Male ___ Other ___

PARTICIPATION TYPE

Registered Racers commit to raising \$80 to participate in the obstacle course on September 29th 2018.

Would you like to... (Choose one)

- Create a new team
- Join an existing team
- Register as an individual (no team)

Are you a.... (Choose one)

- Team Member
- Team Captain

What is your team name? _____

Participant Centre Access Information: (Please create a username and password to access your participant centre and keep track of your fundraising, important updates and more!)

Username: _____ Password: _____

DIRECT YOUR FUNDRAISING DOLLARS

If you skip this question, your fundraising dollars will go to the **Greatest Needs Fund**. For more information about each fund, please call 416-431-8130 or visit srhfoundation.ca

- | | |
|--|---|
| <input type="checkbox"/> Women's and Children's Health | <input type="checkbox"/> Volunteer Services |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Critical Care & Respiratory Services |
| <input type="checkbox"/> CKD Nephrology | <input type="checkbox"/> Surgery & Ambulatory Care |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Senior's Health |
| <input type="checkbox"/> Laboratory Services | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Emergency Care | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> CP3 |
| <input type="checkbox"/> Diagnostic Imaging | |

T-Shirt Size?

- XS S M
 L XL XXL

How did you hear about us?

- Scarborough and Rouge Hospital Foundation
- Canadian Tire
- Scotiabank
- No Frills
- TD Bank
- Metroland
- Toronto Police
- Toronto Fire
- Toronto Paramedics
- I raced last year
- Friend/Family
- Other _____

Choose your race option:

- 1 KM Walk
- 3 KM obstacle course
- 5 KM obstacle course

Emergency Contact:

Name: _____

Phone #: _____

Contact Us:

Scarborough and Rouge Hospital Foundation

108-3030 Lawrence Avenue East
Scarborough, Ontario
M1P 2T7

Or donate online at:

www.brave.to

Credit Card – Please submit your non-refundable, non-transferable registration fee of \$1, with this form. Your credit card statement will read “TSH FOUNDATION”

Card Number: _____

EXP: _____

Cardholder Name: _____

Circle one:

Cardholder Signature: _____

Visa/MasterCard/Amex

TERMS AND CONDITIONS

I agree, as a 2018 Canadian Tire Brave T.O. participant to raise the fundraising minimum as outlined on www.brave.to at time of registration, by 09/29/18. In the event that I do not collect the fundraising minimum by 09/29/18, I authorize Canadian Tire Brave T.O. to charge my credit card the difference between the fundraising minimum agreed to above and the amount fundraised (displayed on my personal fundraising page) on 09/29/18. I acknowledge that the \$1 credit card authorization fee charged during registration will be credited as a self-donation towards my personal fundraising goal.

If I choose to not attend the event, I acknowledge that the donations made to the campaign on my personal page are not refundable and cannot be deferred. I recognize I am obligated to meet the fundraising requirement whether I attend or do not attend the event.

Signature: _____ **Date:** _____