

PASTORAL CARE SOUL WALK 2010 - REGISTER NOW

Edmonton

Wetaskiwin

I am registering as a single walker for \$20.00 (fee includes one cotton t-shirt)

I am registering as a team of 6 walkers for \$100.00 (fee includes one cotton t-shirt/walker)

Single Registration - \$20.00

Last name:		First Name:			
<input type="checkbox"/> Male	<input type="checkbox"/> Female				
Address:					
City:		Province:			
Postal Code:		Phone:			
Email:					
Please indicate your shirt size:					
<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL

Team Registration - \$100.00 (Team of 6)

Team Contact:					
<input type="checkbox"/> Male	<input type="checkbox"/> Female				
Address:					
City:	Province:				
Postal Code:	Phone:				
Email:					
Please indicate size and quantity of t-shirts:					
<input type="checkbox"/> XS__#	<input type="checkbox"/> S__#	<input type="checkbox"/> M__#	<input type="checkbox"/> L__#	<input type="checkbox"/> XL__#	<input type="checkbox"/> XXL__#

PAYMENT METHODS

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Cheque
Name on card:		
Credit Card Number:		
Expiry:		
Signature:		

* Please make cheques payable to: The Good Samaritan Society

OR click here! You will be re-directed to our secure Online Donation Page. Please select the Pastoral Care Soul Walk and in the Special Message field you must note that the payment is for Walker Registration.

ONLINE PLEDGES

To receive online pledges from Family and Friends, please direct them to www.gss.org and click on "Pledge a Walker Now". This will load our secure online donations form and they will need to select "Pastoral Care Soul Walk" and provide a note in the Special Message box the name of the walker they are supporting.

WAIVER RELEASE

I hereby waive any rights and claims for damages against The Good Samaritan Society (A Lutheran Social Service Organization), the organizers of the Soul Walk, their agents, representatives, successors and assigns, for any and all claims that may result from my participation in this event. I understand that Pastoral Care Soul Walk organizers are not responsible for damages or theft of my property. To the best of my knowledge I am physically capable of walking in this event. In case of emergency I hereby authorize organizers of the Pastoral Care Soul Walk to secure medical advice as may be deemed necessary for my health and safety. I accept financial responsibility for any expenses that may result from such medical services. I agree to hand in all funds collected in the name of Pastoral Care Soul Walk to The Good Samaritan Society by September 25, 2010. I also consent to the use of any photograph or video of this participant in any publications.

By signing this waiver, I acknowledge that I have read, understood and agree to the above waiver on behalf of myself and/or my team.

Print Name:
Signature:
Date:
Parents/Guardian's Signature (Required if participant is under 18):

Please e-mail this completed form to funddev@gss.org or fax to 780.431.3795.

Thank you and we look forward to walking with you on September 25, 2010!