



Participant Name:	Address:	_ Phone:		
E-mail:	Team Name:		INSLEY	STRONG

*Please note that donations over \$20 will receive a tax receipt via mail after event.

NAME	ADDRESS	CITY	POSTAL CODE	PHONE #	CASH OR CHEQUE	PAYMENT (\$)

THANK YOU FOR YOUR DONATION!

TOTA	
TOTA	

