



**Sunday, June 3, 2018 at 1:00 pm**

Registration starts at 12 noon

Harrison Park, Owen Sound, ON

You can register online at:

<http://www.thewomenscentre.org/walkamile/>

Proceeds Support:



Please Print Clearly

Name	Address	Postal Code	Phone Number	Cash	Cheque	Paid	* Opt Out Mailing List
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
<b>Total Cash</b>				0			
<b>Total Cheques</b>					0		
<b>Total Amount (pg 1)</b>							0

Name	Address	Postal Code	Phone Number	Cash	Cheque	Paid	* Opt Out Mailing List
------	---------	-------------	--------------	------	--------	------	------------------------

17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
				<b>Total Cash</b>	0		
				<b>Total Cheques</b>	0		
				<b>Total Amount (pg 2)</b>		0	
				<b>GRAND TOTAL BOTH PAGES</b>		<b>\$0</b>	

**Walker Information**

**Name:** \_\_\_\_\_

**Team Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Men's Shoe Size:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Please make cheques payable to The Women's Centre (Grey & Bruce) Inc. (Charitable #s: 11930-2594-RR000-1).  
**Tax receipts will only be issued for donations over \$20.00**  
 \*Note: If name, address and/or postal code cannot be read or are incomplete, no tax receipt can be issued.

PLEASE READ CAREFULLY: Walk A Mile in Her Shoes Waiver- In consideration of my entry in Walk A Mile In Her Shoes, I, for myself, my executors and administrators, waive and release any and all rights and claims for damages I have or may have hereafter against the organizers of this event, its participants, the employees, any union, all sponsors and their representatives and all claims of damages, demands, actions whatsoever, in any manner as a result of my participation in this event. I attest and verify that I am physically fit and have sufficiently trained for this event, and I have not been advised otherwise by a medical professional. Further, I hereby grant full permission to use my name and likeness in any broadcast, telecast, video or print media of this event for any purpose whatsoever without any compensation.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent (if participant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

COMMITTED TO PROTECTING YOUR PRIVACY: The information you provide us with will only be used to assist in the proper administration and acknowledgment of your gift, to issue tax receipts, to fulfill your information requests and to send you our mailings.  
**Please check the Opt Out box if you do not wish to be added to our mailing list.**