



Participant ID:

Organization Name: _____ Event Date: _____

Team Name: _____ Event Location: _____

*Required fields

*Name: _____ Gender: M F

*Address: _____

*City: _____ *Province: _____ *Postal Code: _____

*Telephone: _____ *Email: _____

Have you participated in the Heart&Stroke Big Bike before? YES NO

Age Category: 14-20 21-30 31-40 41-50 51-60 61+

I would prefer to donate my prizes back so that more dollars can go towards Heart and Stroke Foundation Research:

Tax receipts will be issued for pledges of \$15 or more or upon request. We cannot guarantee a tax receipt if information is not clear and complete. Please include full address for tax receipting purposes. **All online donations will receive an automatic tax receipt. Please make cheques payable to: Heart and Stroke Foundation.**

SPONSOR'S NAME (FIRST AND LAST)	MAILING ADDRESS	CITY	POSTAL CODE	TELEPHONE #	E-MAIL ADDRESS	PLEDGE	RECEIPT ISSUED
Mary Smith	123 Anywhere Street	My Town	My Code	(000) 123-4567	msmith@emailaddress.com	\$20.00	✓
							Shaded area for office use only

Please record cash and cheque donations only on this form

TOTAL COLLECTED:	\$
CASH AND CHEQUES ENCLOSED:	\$
AMOUNT RAISED ONLINE:	\$
TOTAL RAISED:	\$



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