

# Registration and Pledge Form

**DATE:** Sunday, October 2, 2011

**LOCATION:** St. Andrews Stables

Mail advance registrations and pledges to:

Hoof it for the Cure, c/o St. Andrews Stables, 1221 Bay Road, St. Andrews MB R1A 3S3

## REGISTRATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Province/Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Hoof it for the Cure practices and promotes good horsemanship and rider etiquette. The safety and well-being of all riders and horses is paramount. Absolutely no alcohol or smoking allowed on horseback. Please cooperate with designated event leaders. Helmet use is strongly recommended. Riders under age 15 must be accompanied by an adult. No stallions or loose horses.

## PLEDGE:

### Instructions:

- Please make cheques payable to: CancerCare Manitoba Foundation
- Please have donors provide complete name and address for tax receipt.
- Please bring completed pledge sheet(s) and collected pledges to the ride site.
- Proceeds from this event support CancerCare Manitoba. (Registered Charity #88688 6746 RR0001)

Rider's Name: \_\_\_\_\_

### PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/Province/Postal Code \_\_\_\_\_

Pledge \_\_\_\_\_ Amount PAID \_\_\_\_\_ Receipt Required:  Yes  No

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/Province/Postal Code \_\_\_\_\_

Pledge \_\_\_\_\_ Amount PAID \_\_\_\_\_ Receipt Required:  Yes  No

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/Province/Postal Code \_\_\_\_\_

Pledge \_\_\_\_\_ Amount PAID \_\_\_\_\_ Receipt Required:  Yes  No

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/Province/Postal Code \_\_\_\_\_

Pledge \_\_\_\_\_ Amount PAID \_\_\_\_\_ Receipt Required:  Yes  No

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/Province/Postal Code \_\_\_\_\_

Pledge \_\_\_\_\_ Amount PAID \_\_\_\_\_ Receipt Required:  Yes  No

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/Province/Postal Code \_\_\_\_\_

Pledge \_\_\_\_\_ Amount PAID \_\_\_\_\_ Receipt Required:  Yes  No

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/Province/Postal Code \_\_\_\_\_

Pledge \_\_\_\_\_ Amount PAID \_\_\_\_\_ Receipt Required:  Yes  No

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/Province/Postal Code \_\_\_\_\_

Pledge \_\_\_\_\_ Amount PAID \_\_\_\_\_ Receipt Required:  Yes  No

*Thank you for participating!*

# HOOF IT FOR THE CURE

**Bring your horse and play! We've planned a treasure hunt and horseback challenge obstacle course!**

All proceeds of the ride go to CancerCare Manitoba, in support of breast cancer research, treatment, and prevention. \$30 to participate - includes lunch and prizes.

Collect your money and record your additional pledges on this registration and pledge form. Make copies if you will be collecting more pledges! Official tax-deductible receipts will be mailed out after the ride by CancerCare Manitoba for all donations over \$15. When you arrive bring your completed entry form, donations and sponsor sheets. You will be required to sign a waiver form to participate. Join us for lunch, too.

## SCHEDULE:

10:00 Registration  
11:00 Treasure Hunt  
12-3:00 Lunch  
1:30 Horseback Challenge

Riders under the age of 15 must be accompanied by an adult.

## Sponsored by:



## Proceeds to:



PRIVACY POLICY: CANCERCARE MANITOBA FOUNDATION GUARANTEES THAT WE DO NOT UNDER ANY CIRCUMSTANCES SELL, TRADE OR RELEASE THE FOUNDATION MAILING LIST. YOUR NAME CAN BE REMOVED FROM THE MAILING LIST BY WRITING OR ATTENDING THE CANCERCARE OFFICE.