



Canadian Cancer Society  
Société canadienne du cancer

ALBERTA / NWT DIVISION

**Xtreme Raceways 612868**  
To Benefit  
The Canadian Cancer Society



PERSON BEING SPONSORED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

I hereby pledge that all funds raised will be turned over to the Canadian Cancer Society upon completion of the event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Name	Address	City	Postal Code	Phone	Pledge Amount	Payment Type C=Cash Ch=Cheque	Receipt Required
<b>TOTAL</b>							

I hereby waive & release any and all rights and claims for damages I may have against the organization and the ride organizers for any injuries I may sustain during the event. \_\_\_\_\_  
Participant/Guardian (for participants under 18 years old) Signature

- ◆ Make all cheques payable to the **Canadian Cancer Society**
- ◆ Receipts will be issued by the Canadian Cancer Society to those requesting them for donations of \$20.00 or more, when full addresses are provided and legible. All pledges should be collected in advance.

Registered Charity #11882-9803-RR0003