Participant Information

I ALSO FUNDRAISED ONLINE



Student Name			Email Address (MUST INCLUDE TO RECEIVE THANK YOU GIFT)					
School Name School City		ty	Grade		Teacher Name			
		Donor Infor	mation					
PLEASE PRINT CLEARLY AND LIST OFFLINE DONA		NTS OF \$20 AND OVER A	RE ISSUED, UNLESS OTI		LEASE WRITE A PERSONAL CHEC	UE FOR ANY CASH COLL	ECTED.	
DONOR'S NAME(FIRST AND LAST)	ALL CHEQUES SHO	OULD BE PAYABLE TO: HI	EART AND STROKE FOU POSTAL CODE	NDATION. PHONE NUMBER	EMAIL	DONATION AMOUNT	Under 18 (X)	
						AMOUNT	10 (٨)	
Running out of room? Add additional pages that capture e		n all pages.	TOTALA	MOUNT \$				
MAKE ALL CHEQUES PAYABLE TO THE HEART AND STROKE FOUNDATION Please follow these steps to return any funds you have collected:			ENCLOS		•			
Write a personal cheque for any cash collected (payable to Heart and Stroke Foundation)					I choose to donate my thank you gift back to the Heart an	a.		
 Complete this form, including the student name and contact information, fundraising details and donor information Package the cheques and pledge form together and return to your school 					Stroke Foundation	u		
ALBERTA DISCLAIMER In Alberta, the projected revenue for the 2023/2024 Jump Rope fc Stroke Foundation of Canada, 2300 Yonge Street, Suite 1200, Box WAIVER — PLEASE READ AND SIGN I acknowledge and understand that by participating in Jump Rope	2414 Toronto, ON, M4P 1E4 1-877-882-2582 Regional Director for Heart my child will be engaged in physical activity and that t	; West 1 888 473-4636 Charita there are risks associated with	ble #10684-6942 RR0001 Inco such activity. I understand the r	rporated under the Canada N	lot-For-Profit Corporations Act.			
understand that my child's participation is voluntary and accommo	dations are available for those who require them. I have read an	nd completed the Acknowledge	ement of Risk Form found here.					
Dated at	this	day of		,20				
Name of Participant		Signature	Signature of Guardian					

Heart&Stroke_™