

# The "4th" Andrew Dunn Memorial 1-5 km Walk/Ride & 5 or 10 km Fun Run

SATURDAY, MAY 8TH, 2010

OAKBANK ARENA



Money must be in by May 8th, 2010

All money goes towards **Mood Disorders Association of Manitoba**

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Step 1 - Collect donations

Step 2 - Register 8:00 - 10:00 a.m.

Step 3 - Walk/Run/Ride starts @ 10:00 a.m, rain or shine

Step 4 - After event - Free BBQ, ENTERTAINMENT, PRIZES AND SILENT AUCTION

5 & 10 K - SPONSORED BY:



Name (please print clearly)	Address (including postal code)	Phone Number	Pledge Amount	Amount Collected	Tax Receipt?	Method of Payment Cash/Cheque/Visa/MC
						<input type="checkbox"/> cash <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Expiry Date _____ <input type="checkbox"/> cheque <input type="checkbox"/> card #
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			<b>TOTAL</b>			

Please make cheques payable to : Mood Disorders Assoc. of MB

Charitable Registration # 15192

Name (please print clearly)	Address (including postal code)	Phone Number	Pledge Amount	Amount Collected	Tax Receipt?	Method of Payment Cash/Cheque/Visa/MC
						<input type="checkbox"/> cash <input type="checkbox"/> VISA <input type="checkbox"/> MC   Expiry Date _____ <input type="checkbox"/> cheque   card #
						<input type="checkbox"/> cash <input type="checkbox"/> VISA <input type="checkbox"/> MC   Expiry Date _____ <input type="checkbox"/> cheque   card #
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<b>FOR MORE INFORMATION :</b> Call Judy @ Mood Disorders: 444-5228 email: jd4mdam@mts.net or Brenda: 444-5771 email: balinski@mts.net			<b>TOTAL</b>			

**HOW YOUR DONATION DOLLARS ARE PUT TO WORK:**

- \* Individual & family support groups
- \* Public education and awareness
- \* Research &/or alternative treatment

**Walker/Runner/Rider's Waiver**

In consideration of your acceptance of this form, I hereby for myself, my heirs, administrators and assigns, waive and release any and all rights and claims for damages I may have against the organizers and any associations connected with this event or city, or municipality in which I may walk, run, or ride their representatives, successors and assigns for any and all injuries suffered by me while taking part in this walk/run/ride in Bird's Hill Park. Also, any pictures or video of myself may be used by the Andrew Dunn Committee for educational purposes.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature (If under 18 must be signed by a parent or guardian)

\_\_\_\_\_  
Signature of Parent or Guardian