



Bike Up Northumberland! is a charity ride in support of Campbellford Memorial Hospital Foundation and Northumberland Hills Hospital Foundation.

Funds raised will be equally distributed to support the purchase of priority medical equipment.

For more information visit www.givetocmh.ca or www.nhhfoundation.ca.

Please complete form and send to nbeatty@nhh.ca or drop off at either

Foundation Office by September 4th.



Charitable #: 121914923RR0001



Charitable #: 118826650RR0001

**Saturday,
September 12, 2015**

Registration Form

Participants Name	
Address/City/Prov/PC	
Phone	
Email	
Ride Distance	<input type="checkbox"/> 5km <input type="checkbox"/> 10km <input type="checkbox"/> 25km <input type="checkbox"/> 50km <input type="checkbox"/> 100km
Fundraising Minimum	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> \$250
T-Shirt Size (Unisex)	<input type="checkbox"/> Children S <input type="checkbox"/> Children M <input type="checkbox"/> Children L <input type="checkbox"/> Children XL <input type="checkbox"/> Adult XS <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL
Age	
Signature (Parent/Guardian if under 18)	

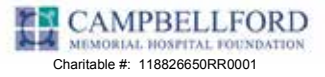
I have read and understand the **CONSENT, RELEASE AND ASSUMPTION OF RISK**, and I am aware, that by checking this box I have signed the release and I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, and assigns may have against the releases. I also understand that I will be required to sign this waiver and release of liability in person either prior to the Event or on the day of the Event. If I am under the age of 18 I understand that I require a parent or guardian to sign on my behalf prior to the Event or on the day of the Event.



Bike Up Northumberland! is a charity ride in support of our hospitals in Northumberland County.

This is a joint-event benefiting Campbellford Memorial Hospital Foundation and Northumberland Hills Hospital Foundation.

Funds raised will be equally distributed to both Foundations to support the purchase of priority medical equipment.



**Saturday,
September 12, 2015**

PLEDGE FORM

Participants Name	
Address	

Donor Name	Address	City	Postal Code	Email Address	Pledge Amount	Paid Y/N

Complete legible information is required for receipt purposes (Donor name, address and pledge amount) Donations of \$20.00 or more will be issued a tax receipt. Please make cheques payable to the "Northumberland Hills Hospital Foundation" OR "Campbellford Memorial Hospital Foundation"

Thank you