Registration form

ACCU Nutrition Move-A-Thon 2013

Walk, Run or Bike to a healthier you!

January 12th, 2013

Personal Information:	Name:							
	Age: Date of Birth:				Gen	der: M	F	
	T-Shirt size: XS	S S	M	L	XL	2XL	3XL	
Address:								
Contact Information:	Email:					Phone	:	
Method of Payment:	Cash: \$	C	heque:	\$	(Corporat	e/Family:	\$
	<u> </u>							
Registration Fees	: \$20 Individuals		\$15	Corp	orate/F	amily		\$10 Children
<u>-</u>	: \$20 Individuals part of the pro			-	-	-		
A p I the undersigned, intendi claims against ACCU Medi may sustain during the wa	oart of the proc ing to be legally lical Nutrition, its alkathon.	ceeds voound,	will b	e doi reby f	or myse	to a loc elf and m spect of	al schoony heirs wany and a	l raive and release a Ill injuries or dama
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Walk, Run or Bike to a healthier you!

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	Age:	Gender:	M F	
	T-Shirt size: XS	S M L	XL 2XL 32	XL
Address:				
Contact Information:	Email:		Phone:	
Method of Payment:	Cash: \$	Cheque: \$	Corporate/Fa	mily: \$

Registration Fees: \$20 Individuals

\$15 Corporate/Family

\$10 Children

A part of the proceeds will be donated to a local school

I the undersigned, intending to be legally bound, do hereby for myself and my heirs waive and release all
claims against ACCU Medical Nutrition, its officers and officials in respect of any and all injuries or damage I
may sustain during the walkathon.

Signature:	Date:	