

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:	Gender: M		F		
	T-Shirt size: XS S M L XL 2XL 3XL						
Address:							
Contact Information:	Email:				Phone:		
Method of Payment:	Cash: \$		Cheque: \$		Corporate/Family: \$		

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: _____

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