



IMPORTANT INSTRUCTIONS

1. Please register online at barrierotary.com. Online donors will receive an automatic confirmation email.
2. Donations received offline can be entered online by using a personal

REGISTRATION

Please fill out this section

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

E-mail: _____

By providing your email address you are agreeing to be emailed by the Rotary Club of Barrie.

Team Name: _____

EVENT WAIVER

MUST BE AGREED TO BY EACH PARTICIPANT. In consideration of Wheels for Wellness accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the participating societies holding this event, their agents, representatives, successors, assigns and event sponsors for any and all injuries suffered by me as a result of this event, for any cause whatsoever including negligence. I understand that individual events may be photographed and videotaped and hereby give the participating societies rights to these images for future use.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: food allergies, diabetes) should check with his/her physician before participating. Neither the organizers nor the sponsors are responsible for pre-event screening of participants and/or injuries incurred during or leading up to the event.

Participation in Wheels for Wellness is undertaken at your own initiative and with the full permission, support and appreciation of the participating societies. In the event that the participating societies become aware of any false, incorrect or misleading information, the participating societies may revoke this authority in its absolute discretion.

All youth participants (17 or under) must have a parent/guardian sign on their behalf. By signing this waiver, you agree to the terms listed on the tax receipting guidelines.

Signature _____ Age _____ Date _____

TAX RECEIPTING GUIDELINES

All participants of Wheels for Wellness must agree to the terms listed under these tax receipting guidelines:

- Tax receipts will only be issued for donations of \$20 or more.

RULES

1. A team can consist of 1 to 7 riders maximum.
2. Each team must have \$700 in pledges minimum.
3. Each team may set up 2 bikes.
4. Participants' Pledge sheets need to be turned in on the event day, Saturday February 24.
5. Pledges may be made by anyone. Please ask everyone who pledges if their company has a matching gift fund policy. Companies who do match pledge gifts should be listed separately.
6. Each sponsor making a pledge should write their own name, total pledge amount, and contact and other information on the supplied pledge sheet.

Participants may collect the pledges in advance.

7. Teams should arrive at or before 11am on event day. Each team will cycle from 12:00 noon until 15:00 sharp. The order and time spent per cycle-shift of each rider is at the discretion of the team and its captain entirely.
8. Teams competing for distance prizes must supply own odometer. Upon completion of the event a volunteer will record the total distance. This will be marked on the pledge sheet for the Team's captain.

We look forward to all our participants having a great time! For questions or concerns, contact pberendson@gmail.com.

Name _____ Phone _____ E-mail _____	DONATION AMOUNT <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Use host credit card
Address _____ City _____ Prov _____ Post code _____	
Card Number _____ Expiry _____ Signature _____	
Name _____ Phone _____ E-mail _____	DONATION AMOUNT <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Use host credit card
Address _____ City _____ Prov _____ Post code _____	
Card Number _____ Expiry _____ Signature _____	

WHEELS FOR WELLNESS PLEDGE SHEET

Name _____ Phone _____ E-mail _____

Address _____ City _____ Prov _____ Post code _____

Card Number _____ Expiry _____ Signature _____

DONATION AMOUNT

☐ Cheque # _____

☐ Credit Card

☐ Use host credit card

Name _____ Phone _____ E-mail _____

Address _____ City _____ Prov _____ Post code _____

Card Number _____ Expiry _____ Signature _____

DONATION AMOUNT

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☐ Credit Card

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☐ Use host credit card

Name _____ Phone _____ E-mail _____

Address _____ City _____ Prov _____ Post code _____

Card Number _____ Expiry _____ Signature _____

DONATION AMOUNT

☐ Cheque # _____

☐ Credit Card

☐ Use host credit card

I would like to pay the unpaid balance of my donor's pledges in full by credit card.

Credit Card Number _____

Expiry (MM/YY) _____ Signature _____ Balance Paid \$ _____

GRAND TOTAL

- add numbers above

\$ _____

Visit our website at barrierotary.com for more about our club!

