



Participant Name: _____ Phone Number: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

Name: _____ Phone Number: _____

Address: _____ Postal Code: _____

Pledge Amount: _____ PAID Tax Receipt? (if over \$10)

Name: _____ Phone Number: _____

Address: _____ Postal Code: _____

Pledge Amount: _____ PAID Tax Receipt? (if over \$10)

Name: _____ Phone Number: _____

Address: _____ Postal Code: _____

Pledge Amount: _____ PAID Tax Receipt? (if over \$10)

Name: _____ Phone Number: _____

Address: _____ Postal Code: _____

Pledge Amount: _____ PAID Tax Receipt? (if over \$10)

Name: _____ Phone Number: _____

Address: _____ Postal Code: _____

Pledge Amount: _____ PAID Tax Receipt? (if over \$10)

Name: _____ Phone Number: _____

Address: _____ Postal Code: _____

Pledge Amount: _____ PAID Tax Receipt? (if over \$10)

TOTAL PLEDGES:

Please make cheques payable to 'FAB Foundation'
All proceeds benefit the FAB Girls 5k program

Participant Name: _____

Name: _____	Phone Number: _____
Address: _____	Postal Code: _____
Pledge Amount: _____	<input type="checkbox"/> PAID <input type="checkbox"/> Tax Receipt? (if over \$10)
Name: _____	Phone Number: _____
Address: _____	Postal Code: _____
Pledge Amount: _____	<input type="checkbox"/> PAID <input type="checkbox"/> Tax Receipt? (if over \$10)
Name: _____	Phone Number: _____
Address: _____	Postal Code: _____
Pledge Amount: _____	<input type="checkbox"/> PAID <input type="checkbox"/> Tax Receipt? (if over \$10)
Name: _____	Phone Number: _____
Address: _____	Postal Code: _____
Pledge Amount: _____	<input type="checkbox"/> PAID <input type="checkbox"/> Tax Receipt? (if over \$10)
Name: _____	Phone Number: _____
Address: _____	Postal Code: _____
Pledge Amount: _____	<input type="checkbox"/> PAID <input type="checkbox"/> Tax Receipt? (if over \$10)
Name: _____	Phone Number: _____
Address: _____	Postal Code: _____
Pledge Amount: _____	<input type="checkbox"/> PAID <input type="checkbox"/> Tax Receipt? (if over \$10)
Name: _____	Phone Number: _____
Address: _____	Postal Code: _____
Pledge Amount: _____	<input type="checkbox"/> PAID <input type="checkbox"/> Tax Receipt? (if over \$10)
Name: _____	Phone Number: _____
Address: _____	Postal Code: _____
Pledge Amount: _____	<input type="checkbox"/> PAID <input type="checkbox"/> Tax Receipt? (if over \$10)

TOTAL PLEDGES:

Please make cheques payable to 'FAB Foundation' All proceeds benefit the FAB Girls 5k Challenge Program

- Pledge forms can be:
- (i) Mailed to: FAB Foundation, 224 St. Clair Blvd. Hamilton, ON L8M 2P1
 - (ii) Turned in at the registration desk on race day.