



Participant Registration

ICE PALACE WEST EDMONTON MALL

Friday, February 3, 2012

1

Last Name		First Name	
Address			
City		Postal Code	
Phone Number		Email Address	
Are you a part of a school or team? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your school or team name. Grade		I am: (check all that apply) <input type="checkbox"/> New <input type="checkbox"/> Returning <input type="checkbox"/> 16 or under <input type="checkbox"/> 17 or over <input type="checkbox"/> Pinking <input type="checkbox"/> Donating long hair <input type="checkbox"/> A young survivor <input type="checkbox"/> Shaving	

2

Permission and Consent

I give consent for Hair Massacure and the affiliated charities to use any photo, sound recording, or video footage involving my participation, or that of my child named above, in this event for promotional purposes.

I understand that by participating in this event, I have given consent for my hair to be donated and/or shaved.

_____ Yes _____ No

While every effort has been made to ensure the safety of all individuals participating in, volunteering at, or viewing the Hair Massacure headshave, I understand that Hair Massacure, and individuals representing or volunteering at the event assume no responsibility for any injury resulting from or occurring at the event.

Participant signature (if 17 or over)

Parent or Guardian signature (if participant is 16 or under)

Parent or Guardian printed name

Have you:

Totaled pledge forms _____

Initialed pledge forms _____

Balanced money to pledge forms _____

Included all cash and cheques _____

Completed balance sheet (step 3) _____

We do not sell, rent, or trade our donor lists. We collect, use, and disclose personal information only for the purpose of processing donations and keeping you informed about the activities of Hair Massacure, and the three charities involved. By providing your information, you give the aforementioned organizations consent to maintain contact with respect to this event.

Once money is collected, ensure the pledges and balance sheet match, sign the pledge form, place money, balance sheet and pledge form inside an envelope, then sign and seal the envelope.

Hair Massacure kindly requests \$100 minimum in pledges to maintain our million dollar goal.

3

The following is included:

Bills	# of bills	Total
\$100	x _____ =	_____
\$ 50	x _____ =	_____
\$ 20	x _____ =	_____
\$ 10	x _____ =	_____
\$ 5	x _____ =	_____

Coins	<i>Please roll when possible</i>
\$2	x _____ = _____
\$1	x _____ = _____
\$0.25	x _____ = _____
\$0.10	x _____ = _____
\$0.05	x _____ = _____
\$0.01	x _____ = _____

Cash Subtotal = _____ **a**

of cheques _____ = _____ **b**

Total Cash and Cheques (a+b) = _____ **c**

Online Donations = _____ **d**

Grand Total (c+d) = \$ _____

Participant or parent initial indicates this total is correct and balances to pledge sheet(s) _____

10th ANNIVERSARY

HAIR MASSACURE



For your safety, and to ensure faster service, please drop off your pledges in advance.

Make-A-Wish: 16003 118 Avenue, Edmonton
Wednesday, February 1, 2011
10 a.m. to 8 p.m.

Totals on this balance sheet must be the same as totals on pledge sheets inside.

Thank you for your help in reducing our administrative hours by ensuring that pledge sheet, balance sheet, and money collected all match.

OFFICE USE ONLY

When balance sheet is complete, please fill in this box.

	INITIALS	AMOUNT BALANCES TO:
Registration volunteer 1		\$ _____
Registration volunteer 2		\$ _____
Bank room volunteer		\$ _____

