



# 3rd Annual Red Deer Hair Massacure Participant Registration

Parkland Mall, 4747 67 Street  
Saturday, February 18, 2012



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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		<b>I am: (check all that apply)</b> <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	

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## 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 \_\_\_\_\_

Signed the front of  
the envelope \_\_\_\_\_

Completed balance  
sheet on back \_\_\_\_\_

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.

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The following is included:

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

Coins		Please roll when possible	
\$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) \_\_\_\_\_

10<sup>th</sup> ANNIVERSARY

HAIR MASSACURE



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

Costco: 162 37400 Hwy 2 (Gasoline Alley)  
Saturday, February 11, 2011  
Noon to 2 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.

	#	AMOUNT BALANCES TO:
Registration volunteer 1		\$
Registration volunteer 2		\$

