



**THE GREAT HOSPITAL RACE**  
**Registration Form**



**October 1, 2022**  
**9am – Check In, 10am – Race Start**

**Registration Fee = \$60 per team of 2 until Aug 31<sup>st</sup> or \$80 beginning Sept 1**

**\*\*Fees are non-refundable. Entry fee may be transferred to another participant if the original participant is unable to attend or converted to a donation will full tax-receipt. Cheques payable to: Wingham & District Hospital Foundation**

Return completed form to the WDH Foundation office, email to [wdh.foundation@lwha.ca](mailto:wdh.foundation@lwha.ca)  
**OR register online at [www.wdhfoundation.ca](http://www.wdhfoundation.ca)**

***It is strongly advised that all participants receive a COVID-19 vaccination prior to participating in the event***

**TEAM NAME:**

\_\_\_\_\_

**PARTICIPANT #1**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Full Address : \_\_\_\_\_

Email (required\*): \_\_\_\_\_

Phone #: \_\_\_\_\_ T-Shirt Size : small medium large x-large

**PARTICIPANT #2**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Full Address : \_\_\_\_\_

Email (required\*): \_\_\_\_\_

Phone #: \_\_\_\_\_ T-Shirt Size: small medium large x-large

*I hereby declare I will not hold the Wingham and District Hospital and/or Wingham and District Hospital Foundation responsible or liable for any loss, damage, injury, illness, including COVID-19, or Death that may occur while in attendance at the event. I accept this risk as my total Responsibility and I fully understand the implication as stated above and in signing assume the same for dependent children.*

Participant #1 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant #2 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

As a participant under the age of 18, I understand that I must have this form counter signed by a parent or guardian. As a parent and/or Legal guardian of the above I hereby give permission for the above named to participate in the Great Hospital Race on the basis of the conditions set in the above declaration.

*Required only for participants 18 and under:*

Participant #1 Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant #2 Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## THE GREAT HOSPITAL RACE

### Pledge Instructions

# PRIZES!

**The team that raises the MOST pledges will get to select one other team to delay by one minute at the start of the race. Use this power wisely!**

Each team who collects \$100 - \$200 will receive a \$20 gift certificate!

Each team who collects \$200 - \$500 will receive a \$40 gift certificate!

Each team who collects more than \$500 will receive a \$60 gift certificate!

Prizes are generously sponsored by **HOWICK MUTUAL INSURANCE COMPANY**

### \*\*\*RACE PRIZES!\*\*\*

1<sup>st</sup> Place GRAND PRIZE **\$300!**

2<sup>nd</sup> Place **\$100**

3<sup>rd</sup> Place **\$50**

**BRING ALL YOUR PLEDGES WITH YOU ON RACE DAY.**  
Only pledges presented on race day will count towards prizes.

### COLLECT PLEDGES IN PERSON

Print the form below and record the details of each pledge you collect. Full name and address are important so that a tax-deductible receipt can be sent. Use as many sheets as you need.

### COLLECT PLEDGES ONLINE

Go to <https://www.canadahelps.org/en/charities/wingham-and-district-hospital-foundation/p2p/great-race-2022/>  
Click CREATE A TEAM and follow the prompts to set up your team page.

**Share on social media to raise even more pledges!**

Record one total for pledges collected in person and one total for pledges collected online. Submit the overall total for your team on race day.

**DON'T FORGET!** Bring your form AND all your collected funds on race-day (no "to-be-paid" please).

For any questions or concerns regarding pledges or the Race do not hesitate to contact Executive Director Nicole Duquette-Jutzi at 519-357-3903 or [wdh.foundation@lwha.ca](mailto:wdh.foundation@lwha.ca).



**THE GREAT HOSPITAL RACE**

***Pledge Form***



***All proceeds go towards Cardiac Monitor Upgrades for the In-Patient Unit***

**CLEARLY PRINT THE NAME AND FULL ADDRESS OF DONORS GIVING \$10 OR MORE FOR TAX-RECEIPT PURPOSES**

Racer 1: \_\_\_\_\_ Racer 2: \_\_\_\_\_ Team Name: \_\_\_\_\_

Name	Address	Donation Amount

**Total Amount Enclosed with Paper Pledge Form \$ \_\_\_\_\_ Total Amount Raised Online \$ \_\_\_\_\_**

**TEAM TOTAL \$ \_\_\_\_\_**