



REGISTRATION FORM

Name	Address	Tel	Email	Date of Birth (mm/dd/yyyy)	Age on Race Day

Will you build your own bed? _____ Do you require a rental bed? _____ (\$100 fee applies)

Which one of the above participants is your team captain? If none of the above, please provide name and contact details of team captain.

Team captain _____

Info: Please provide a brief description in the space below of your team that may be used by the race announcer, in race materials and media coverage

Challenge: We wish to challenge the below mentioned to participate in the Amazing Bed Race.

Group Name: _____ Contact Name: _____

Tel: _____ Email: _____

Method of payment

Make cheques payable to: **Joseph Brant Memorial Hospital Foundation**
enclosed in the amount of \$ _____

Please charge my credit card Visa /MC _____ Exp _____

In the amount of \$ _____ Name on credit card _____

Mail payments to: Amazing Bed Race c/o :
Joseph Brant Memorial Hospital Foundation, 1230 North Shore Blvd, Burlington, ON, L7S 1W7
Fax registration form to: (905) 336- 6495

Scan and email registration form to info@amazingbedrace.ca

www.amazingbedrace.ca