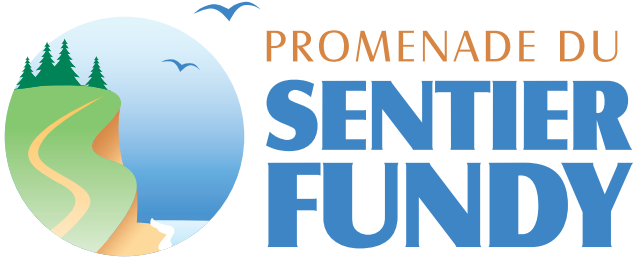


22ND ANNUAL FUNDY TRAIL CANCER WALK



Date: Saturday, September 24th, 2022

Registration: 10:00 am
Parking Lot 6, Big Salmon River

BBQ & Music
12:00 pm

Participants **MUST** show filled-in pledge sheet for free park entry

PARTICIPANT INFORMATION

Name	Address	Phone

PLEDGE INFORMATION

1	First name _____ Last Name _____	Cash / Cheque
	Suite #/Apt# Address _____ City _____ Prov. _____ Postal Code _____	\$
	Email _____ Phone _____	Receipt: <input type="checkbox"/> Not Required <input type="checkbox"/> E-Receipt <input type="checkbox"/> Mail
2	First name _____ Last Name _____	Cash / Cheque
	Suite #/Apt# Address _____ City _____ Prov. _____ Postal Code _____	\$
	Email _____ Phone _____	Receipt: <input type="checkbox"/> Not Required <input type="checkbox"/> E-Receipt <input type="checkbox"/> Mail
3	First name _____ Last Name _____	Cash / Cheque
	Suite #/Apt# Address _____ City _____ Prov. _____ Postal Code _____	\$
	Email _____ Phone _____	Receipt: <input type="checkbox"/> Not Required <input type="checkbox"/> E-Receipt <input type="checkbox"/> Mail
4	First name _____ Last Name _____	Cash / Cheque
	Suite #/Apt# Address _____ City _____ Prov. _____ Postal Code _____	\$
	Email _____ Phone _____	Receipt: <input type="checkbox"/> Not Required <input type="checkbox"/> E-Receipt <input type="checkbox"/> Mail
5	First name _____ Last Name _____	Cash / Cheque
	Suite #/Apt# Address _____ City _____ Prov. _____ Postal Code _____	\$
	Email _____ Phone _____	Receipt: <input type="checkbox"/> Not Required <input type="checkbox"/> E-Receipt <input type="checkbox"/> Mail
6	First name _____ Last Name _____	Cash / Cheque
	Suite #/Apt# Address _____ City _____ Prov. _____ Postal Code _____	\$
	Email _____ Phone _____	Receipt: <input type="checkbox"/> Not Required <input type="checkbox"/> E-Receipt <input type="checkbox"/> Mail

Signature of Participant: _____ Total Donations: _____

Online Donations Accepted. Please visit thegive.ca/fundytrail

** Minimum donation of \$15 required for tax receipt **
Please make Cheques payable to: Saint John Regional Hospital Foundation
Foundation Charitable Registration # 11913.2363.RR001





SAINT REGIONAL
JOHN HOSPITAL FOUNDATION
FONDATION DE L'HÔPITAL SAINT
RÉGIONAL JOHN



THANK YOU FOR YOUR PARTICIPATION!

Thank you very much for choosing to participate in this year's Fundy Trail Cancer Walk in support of the Oncology department at the Saint John Regional Hospital. The funds raised will go towards The Stay Strong Program, a partnership with the YMCA of greater Saint John implementing a program for cancer patients to support them through the period of diagnosis, treatment and into recovery. The goal of this 12 week program is to: 1) Minimize physical complications from surgical and radiation treatments 2) Improve the sense of well-being for patients and caregivers. 3) Minimize the social complications for diagnosis and treatment of the cancer 4) Empower clients and caregivers to understand and manage the variety of physical and psychological issues that result as part of the diagnosis and treatment of the disease. 5) Reintegrate into life as a healthy who individual. 6) Improve quality of life and levels of physical fitness. From the bottom of our hearts, Thank YOU for your wonderful contribution and support of the advancement of healthcare in New Brunswick!

EVENT DAY SCHEDULE

10:00AM – Registration begins

Once you have registered and turned in your fundraising money, you are able to start your walk.

10:00AM -12:00PM – Walk

The walk can be from 2km to 10 km long– you are free to walk at your own pace. Just plan your time so you are back to Parking Lot 6 for the BBQ and prizes!

12:00PM - BBQ

Come and enjoy a delicious BBQ & listen to some music!

DONATE ONLINE!

Please visit www.thegive.ca/fundytrail

CONTACT INFORMATION

Nancy	Bette Ann	Susan	Fundy Trail Office
(506) 833-4552	(506) 833-4589	(506) 833-4336	(506) 833-2019

LIABILITY WAIVER

I know that walking / hiking is a potentially hazardous activity. I should not enter and walk /hike unless I am medically able and properly trained. I agree to abide by any decision of an official to my ability to safely complete the walk / hike. I assume all risks with walking / hiking in this event including, but not limited to: falls, contact with other participants, the effect of weather (including wind, rain and fog), traffic and the conditions of the path in consideration of you're accepting my entry. I for myself and anyone entitled to act on my behalf, waive and release the SAINT JOHN REGIONAL HOSPITAL FOUNDATION, THE FUNDY TRAIL CANCER WALK COMMITTEE, THE FUNDY TRAIL AND THE FUNDY TRAIL DEVELOPMENT AUTHORITY INC. from all claims or liabilities arising out of my participation in this event. Signature (Parent or guardian if under 18)
Name (Print) Date

Signature (Parent or guardian if under 18)

Name (Print)

Date

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