



FAMILY FUN WALK REGISTRATION FORM

CARRIACOU: Sunday April 7, 2019 from the Harvey Vale Playing Field to Hillsborough Tennis Court
REGISTRATION PERIOD: MARCH 6 TO APRIL 5, 2019 OR WHILE STOCKS LAST
 GRENADA: Sunday, April 28, 2019 at 4:00 p.m. from the Morne Rouge Playing Field to the National Cricket Stadium
REGISTRATION PERIOD: MARCH 6 TO APRIL 26, 2019 OR WHILE STOCKS LAST

2019 **Pump it Up!** Proceeds go toward the **Fund for the re-establishment of the Carlton Home**

REGISTRATION INFORMATION:

1. Registration fee: \$20 per individual walker; \$15 per person in groups consisting three (3) or more persons
2. Registrants will receive: T-shirt and a giveaway
3. List participants on reverse (please complete all fields)
4. Complete all areas of the Registration Form.
5. To be eligible for prizes, registration must be made by April 4, 2019 in Carriacou and April 24, 2019 in Grenada.
6. Full payment is to be made when submitting forms at Co-op Bank branches.
7. Payments: Cheques are to be made payable to "Grenada Co-operative Bank Fun Walk". There will be no refunds or transfers.
8. Call 440-2111 OR 444-2667 (COOP) for further information.

PLEASE COMPLETE ALL RELEVANT AREAS OF THIS FORM

ARE YOU REGISTERING AS: AN INDIVIDUAL A GROUP

FOR GROUPS, ENTER THE NAME OF THE GROUP COORDINATOR

GROUP NAME:

GROUP TYPE: FAMILY WORK SCHOOL COMMUNITY CHURCH

TOTAL NO. OF EMPLOYEES (WORK GROUP ONLY): 1-10 (MICRO) 11-49 (SMALL) 50-99 (MEDIUM) 100+ (LARGE)

LAST NAME:

BIRTH (MM/DD/YY):

FIRST NAME:

ADDRESS:

PHONE:

ROUTE: NORMAL CHALLENGE

EMAIL:

INDIVIDUAL: MALE FEMALE SHIRT SIZE: S M L XL XXL XXXL
 CH (2/4) CH (6/8) CH (10/12) CH (14/16)

NUMBER OF PERSONS REGISTERED _____ PAYMENT: \$ _____

TYPE OF PAYMENT: CHEQUE CASH CARD

I WOULD LIKE TO MAKE A DONATION TO **the fund for the re-establishment of the Carlton Home** IN THE AMOUNT OF: \$ _____

REQUIRED:
 I/WE HEREBY WAIVE ALL CLAIMS AGAINST THE GRENADA CO-OPERATIVE BANK LIMITED AND ALL ITS ALLIANCE PARTNERS ASSOCIATED WITH THIS EVENT, FOR INJURY OR LOSS I/WE MIGHT SUFFER BY PARTICIPATION IN, OR AS A RESULT OF THIS EVENT. I/WE GRANT PERMISSION TO EACH OF THE FOREGOING TO USE MY/OUR NAME, IMAGE, PHOTOGRAPHS, VIDEOTAPES AND ANY OTHER MEDIA OR RECORD OF THE EVENT FOR LEGITIMATE PURPOSES, INCLUDING PROMOTIONS WITHOUT COMPENSATION TO ME/US. I/WE ACKNOWLEDGE THAT THE GRENADA CO-OPERATIVE BANK LIMITED HAS THE RIGHT TO ALTER, CHANGE, CANCEL AND OR POSTPONE THE EVENT AT THEIR SOLE DISCRETION. I/WE WARRANT THAT ALL STATEMENTS MADE IN THIS AGREEMENT ARE TRUE AND CORRECT AND I/WE UNDERSTAND THAT THE ORGANIZERS HAVE RELIED ON THEM IN ALLOWING ME TO PARTICIPATE IN THE EVENT. I/WE HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

 Signature of Participant/Group Representative or
 Parent/Legal Guardian (if Participant is under 18 yrs)

 Date



Group Name _____

Personal information				Birthdate		
First Name	Last Name	Phone No.	Email address	DD	MM	YY

Gender	
Male	Female

Route	
Challenge	Regular

Shirt Size (tick where applicable)									
2/4 (child)	6/8 (child)	10/12 (child)	14/16 (child)	Small	Medium	Large	X Large	XX Large	XXX Large

If the group incorporates more than 20 persons, please use an additional form.