

FAMILY FUN WALK REGISTRATION FORM

CARRIACOU: Sunday April 14, 2024 at 4:00 p.m. from the Harvey Vale Playing Field to Hillsborough Playing Field REGISTRATION PERIOD: FEBRUARY 26 TO APRIL 12, 2024 OR WHILE STOCKS LAST GRENADA: Sunday, April 21, 2024 at 4:00 p.m. from the Morne Rouge Playing Field to the National Cricket Stadium REGISTRATION PERIOD: FEBRUARY 26 TO APRIL 19, 2024 OR WHILE STOCKS LAST

Final year of fundraising for the Fund for the re-establishment of the Carlton Home

REGISTRATION INFORMATION:

- 1. Registration fee: Groups (of 3 or more) \$15 per person; Individuals \$20 per person
- 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 10, 2024 in Carriacou and April 17, 2024 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.

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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): DIENTH (MM/DD/YY):
FIRST NAME:
ADDRESS: PHONE: PHONE:
ROUTE: NORMAL CHALLENGE EMAIL:
INDIVIDUAL: MALE FEMALE SHIRT SIZE: S M L XL XXL XXXL
сн (2/4) сн (6/8) сн (10/12) сн (14/16)
PARTICIPATION: ON FOOT STROLLER STROLLER
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: L'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 L'WE MIGHT SUFFER BY PARTICIPATION IN, OR AS A RESULT OF THIS EVENT. L'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. L'WE ACKNOWLEDGE THAT THE GRENADA CO-OPERATIVE BANK LIMITED HAS THE RIGHT TO ALTER, CANCEL AND OR POSTPONE THE EVENT AT THEIR SOLE DISCRETION. L'WE WARRANT THAT ALL STATEMENTS MADE IN THIS AGREEMENT ARE TRUE AND CORRECT AND L'WE UNDERSTAND THAT THE ORGANIZERS HAVE RELIED ON THEM IN ALLOWING ME TO PARTICIPATE IN THE EVENT. LIWE 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			Participation			Gender			Rot	ıte		Shirt Size (tick where applicable)									
First Name	Last Name	Phone No.	Email address	MM	ДД	YY		On Foot	Stroller		Male	Female		Challenge	Regular	2/4 (child)	6/8 (child)	10/12 (child)	14/16 (child)	Small	Medium	Large	X Large	XX Large	XXX Large	
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If the group incorporates more than 20 persons, please use an additional form.