



FAMILY FUN WALK REGISTRATION FORM

CARRIACOU: Sunday April 19, 2026 at 3:30 p.m. from Alexis Supermarket parking lot to the Botanical Garden

Registration Period: MARCH 16 to APRIL 17, 2026 or while stocks last

GRENADA: Sunday, May 3, 2026 at 3:30 p.m. from Camp Saline to the National Cricket Stadium

Registration Period: MARCH 16 to APRIL 30, 2026 or while stocks last

2026 beneficiary: the Grenada Food & Nutrition Council

REGISTRATION INFORMATION:

1. **Registration fee: Groups (of 3 or more) - \$20 per person; Individuals - \$25 per person**
2. Registrants will receive: T-shirt and giveaway
3. List participants on reverse. Please complete all areas of the Registration Form.
4. **To be eligible for prizes, registration must be made by Wednesday April 15, 2026 in Carriacou and Friday April 24, 2026 in Grenada.**
5. Full payment is to be made when submitting forms at Co-op Bank branches.
6. Payments: Cheques are to be made payable to "Grenada Co-operative Bank Fun Walk". There will be no refunds or transfers.
7. 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:

PHONE:

ADDRESS:

ROUTE: NORMAL CHALLENGE

RUNNERS

EMAIL:

INDIVIDUAL: MALE FEMALE SHIRT SIZE: S M L XL XXL XXXL

CH (2/4) CH (6/8) CH (10/12) CH (14/16)

PARTICIPATION: ON FOOT

STROLLER

NUMBER OF PERSONS REGISTERED _____ PAYMENT: \$ _____

TYPE OF PAYMENT: CHEQUE CASH CARD

I WOULD LIKE TO MAKE A DONATION TO the Grenada Food & Nutrition Council

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

