

29th Annual Orillia Sun City Swim

ONTARIO SPCA
AND HUMANE SOCIETY
Ontario's animal charity since 1873.



REGISTRATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ E-mail: _____

By providing your email address, you are agreeing to be emailed by the Ontario SPCA

GENERAL INFO

Birthdate: _____

Gender: Male Female

IMPORTANT INSTRUCTIONS

1. All information requested is important to us and is required for tax receipts. Please complete the form carefully.
2. Please do not send cash in the mail. We accept cheques or credit card information.
3. If you are bringing this form along with your collected donations to the event, please try to deposit all of the cash you collected and write us a cheque for the grand total or enter your credit card information below. This will ensure that we are able to process you quickly during registration at the event.
4. Please ensure all totals add up correctly on the "Grand Total" line.
5. Anonymous funds are not eligible for tax receipts. Please enter any additional funds received on the "Donations collected from donors not requiring tax receipts" line at the bottom of this form. Please see tax receipting guidelines for more details.
6. Please print clearly and make all cheques payable and mail to:

Ontario SPCA Orillia Animal Centre
467 West Street N, Orillia, ON L3V 5G1

TAX RECEIPTING GUIDELINES

All participants of the ORILLIA SUN CITY SWIM must agree to the terms listing under these tax receipting guidelines:

- Tax receipts will only be issued for donations of \$10 or more.
- Tax receipts cannot be issued to the participant for the unreceipted portion of the funds collected on behalf of their donors.

WAIVER/RELEASE

MUST BE AGREED TO BY EACH PARTICIPANT. In consideration of **ORILLIA SUN CITY SWIM**, accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the participating societies holding this event, their agents, representatives, successors, assigns and event sponsors for any and all injuries suffered by me or my animal companion at this event, or damage sustained by me or my animal companion as a result of this event, for any cause whatsoever including negligence. I understand that individual events may be photographed and videotaped and hereby give the participating societies rights to these images for future use.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: food allergies, diabetes) should check with his/her physician before participating. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/or injuries incurred during or leading up to the event.

Participation in **ORILLIA SUN CITY SWIM** is undertaken at your own initiative and with the full permission, support and appreciation of the participating societies. In the event that the participating societies become aware of any false, incorrect or misleading information, the participating societies may revoke this Authority in its absolute discretion.

All youth participants (17 or under) must have a parent/guardian sign on their behalf. By signing this waiver, you agree to the terms listed under the Tax Receipting Guidelines.

Signature _____ Age _____ Date _____

FIRST NAME	PHONE ()	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

FIRST NAME	PHONE ()	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

FIRST NAME	PHONE ()	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

FIRST NAME	PHONE ()	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

FIRST NAME	PHONE ()	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

FIRST NAME	PHONE ()	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

FIRST NAME	PHONE ()	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

I would like to pay the unpaid balance of my donor's pledges in full by credit card.

Credit Card# _____

Expiry (MM/YY) _____ Signature _____ Balance Paid \$ _____

Event organized by:

Subtotal of donations on this form
\$ _____

Donations collected from donors
not requiring tax receipts
\$ _____

GRAND TOTAL
*add numbers above
\$ _____