|  |  |
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|  |  **Trek2** **REGISTRATION FORM****(Send completed registration form and any questions you have to** **Debbie Berquist at dlberquist@gmail.com)**  |

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| --- |
| Participant Information |
| First Name |  |
| Last Name |  |
| Street Address |  |
| City |  | Province |  |
| Postal Code |  | Phone |  |
| Email |  |
|  |
| **Travel Goal (number of kilometers)**  |
| Walk |  |
| Run |  |
| Cycle |  |
| Swim |  |
| Other: Describe( ) |  |
| Total |  |  |  |
|  |  |  |  |
| **Fundraising Goal ($)** |
| Personal donation | $ |
| Sponsorship Goal(Optional) | $ |
| Total | $ |  |  |