



JOIN US AT THE GREAT BUCKET LIST CYCLE

DATE: Sunday, August 24 LOCATION: St. Joseph Island



CYCLIST'S NAME		STREET ADDRESS		CITY	POSTAL CODE	TELEPHONE	
TEAM		TEAM NAME		TEAM CAPTAIN		EMAIL	
YES NO							
SUPPORTER'S NAME	STREET ADDRESS	CITY	POSTAL CODE	TELEPHONE	EMAIL	CHEQUE	CASH
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
TOTAL						\$	\$

Please bring all pledge forms and your pledges to ARCH Hospice by Thursday, August 7 to be registered for a cycle shirt (if applicable)
Please bring all pledge forms and your pledges to ARCH Hospice by Friday, August 15 to be registered for the cycle!
Make cheques payable to : ARCH Hospice. Tax receipts will be issued for pledges of \$20 or more, full name and address is required.