

JOIN US AT THE GREAT BUCKET LIST CYCLE



DATE: Sunday, August 25 LOCATION: St. Joseph Island

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

Please bring all pledge forms and your pledges to ARCH Hospice by Friday, August 11 to be registered for a cycle shirt (if applicable). Please bring all pledge forms and your pledges to ARCH Hospice by Friday, August 18 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.