DR. KIM ARMSTRONG TURKEY TROT

September 29th, 2018

5K Walk/Run

10K Run

Children's Obstacle Course

Pledge Form

GET FREE REGISTRATION! A minimum of $200/individual or $400/group in **total** pledges is required in lieu of Registration Fee. The individual who raises the most pledges will win our Grand Prize!

Pledges must be returned by Wed. Sept. 26th to the Pembroke Regional Hospital Foundation: **705 Mackay St, Pembroke ON K8A 1G8**

Please complete all information.

ALL PROCEEDS WILL SUPPORT THE CUTTING EDGE CAMPAIGN TO UPGRADE THE PRH SURGICAL FLOOR & BACK THE ORTHOPAEDIC PROGRAM
Official tax receipts will be issued for donations of $10 and up. Cheques must be payable to the PRH Foundation.

Participant Information:

First Name _____ Last Name _____

Mailing Address _____ Suite/Apt. No. _____

City _____ Province _____ Postal Code _____

Phone _____ Email Address _____

Sponsor's Information

Sponsor's Name	Address	City	Province	Postal Code	Telephone	Pledge Amount

Sponsor's Name	Address	City	Province	Postal Code	Telephone	Pledge Amount

Please accept my total pledge submission of $ _____

Thank you for your support!

Pembroke Regional Hospital Foundation

Fondation de l'Hôpital Régional de Pembroke