



RUN FOR A REASON

OTTAWA HOSPITAL RACE WEEKEND CHALLENGE



The Ottawa Hospital Foundation | La Fondation de l'Hôpital d'Ottawa



Registration Form

Please print clearly and ensure that all information is correct.

INFORMATION

Last Name _____ First Name _____

Address _____

City _____ Postal Code _____ Province _____

Tel. () _____ Work () _____

E-mail mandatory for confirmation _____ Age (on race day) _____

Team Name: Movement To Health

Team Category: Fitness

PLEASE INDICATE EVENT ENTERED OR IF RAISING PLEDGES ONLY

- ING Ottawa Marathon
- ING Ottawa Half Marathon
- ING Wheelchair Marathon
- Raising Pledges Only
- MDS Nordion 10K
- MDS Nordion 5K
- ING Family 2K

Please direct my pledges to:

- Neonatal Intensive Care Unit
- Other department _____

Credit Card Payment:

Amount \$ _____

Visa _____ or MC _____

Card # _____

Expiry Date ____/____

Signature _____

Corporate Team Fee	Event
\$75.00	Marathon
\$45.00	Half-marathon
\$30.00	10km
\$20.00	5km
\$15.00	Under 19 fee
\$15.00	2km
\$15.00	2km under 19 fee

Payment by Cheque:

Amount\$ _____

Fax Form with credit card payment to: Shelagh Rolston 761-5014

Mail your registration form with payment to:

Shelagh Rolston c/o The Ottawa Hospital Foundation
737 Parkdale Avenue, 1st floor, Ottawa ON K1Y 1J8

**Would you like to write a short 'story' on your reason for running? We would love to hear it!
Please enclose with your registration!**

Registration deadline to receive the above rates: April 7, 2008

You can also fundraise online!

Visit www.ohfoundation.ca to create your personal fundraising Web page.

For more information about online fundraising, call Shelagh Rolston at 798-5555, ext. 19820.