



Presented by



ORGANIZE YOUR CHALLENGE!

Registration form – Personalized Challenge

(With family, in a team/group or solo)

INFORMATION ABOUT YOUR CHALLENGE

Business /Organization /Association /School (if applicable):

Challenge name: _____ Estimated goal (\$): _____

Date: _____ Time of the event: _____ Number of participants expected: _____

Address: _____ City: _____ Postal code: _____
(Challenge site)

INFORMATION ON COORDINATOR / PARTICIPANT

Name: _____ Person in charge only
 Person in charge and participant
 Participant only

Date of birth: ___/___/___ (MM/DD/YY)*

*Parental authorization mandatory for children between 7 and 16 inclusively

Email: _____ Personal goal (\$): _____
(If participant)

Address: _____ City: _____

Postal Code: _____ Telephone: _____ Cell phone number: _____

Are you a member of Leucan? Yes No

Check if you want to receive Leucan's newsletter

Number of participation in the Leucan Shaved Head Challenge (including this edition)?: _____

Where did you hear about the Challenge?

- | | | | |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Television | <input type="checkbox"/> Provincial spokesperson | <input type="checkbox"/> Web banner | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Website | <input type="checkbox"/> Advertising | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Regional spokesperson | <input type="checkbox"/> Newspaper | |

My Child and I further authorize Leucan to use any pictures and videos taken during the activity in which my Child or I might appear in any representation of the Association or the Leucan Shaved Head Challenge. I confirm that both my Child and I have read the event rules and conditions and agree to comply with the activity's instructions and guidelines. I hereby release and hold harmless Leucan, the persons in charge of the event, the organizing committee, the volunteers, the sponsors, the partners, and their respective employees and agents, as well as all participants and attendants from any personal or material loss, damage or injury occurring at the event or arising from my Child's participation in the event, and I waive any right with respect to the foregoing.

The Event Coordinator commits to respect the rules and regulations and to give all received donations in scope of this activity to Leucan.

Leucan will communicate with you after reception of this form.

Challenge coordinator / participant signature Date

Management's signature Date
(Applicable for schools only)