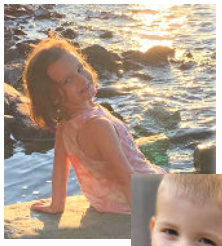

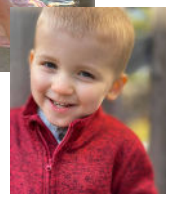

PLEASE SPONSOR ME! My goal is $ _____

I'm raising money to help find a cure for ataxia-telangiectasia!

Name _____ Age _____

Address _____

City, Prov, PC _____

Phone _____ Email _____

WAIVER: In consideration of being permitted to participate in this event, I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge, and covenant not to sue the A-T Children's Project, its officers, employees, sponsors, organizers, volunteers, or other representatives, or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and/or any related activities. I also agree to the use of any photo, film, or videotape of the event for any purpose.

Signature _____
(Parent's signature if participant is under 18)

Make cheques payable to the A-T Children's Project

Please put your sponsor form and collected donations in an **envelope** with your name and total collected on the front of the envelope.

Name	Street Address or PO Box	City	Prov/POSTAL CODE	Cash	Cheque
			TOTAL THIS PAGE	$	$

DONOR TAX RECEIPTS: Fill out the form COMPLETELY & LEGIBLY in the name of the ADULT to receive a receipt for a cash gift, and gifts paid by check will receive receipts. The A-T Children's Project issues a tax receipt for donations of $20 or more or as requested.

The A-T Children's Project Canada fudraising campaigns are estimated to cost our organization $14,000 and will raise an estimated gross revenue of $125,000.
Canadian Charitable Registration Number: 86679 4183 RR0001