Join the Fun! Join the Run!
Join the fight against the second most deadly cancer!

Participant Name:_____

Address:_____
_____
_____

Phone: _____

Email: _____

All proceeds to:

Colorectal Cancer Association of Canada

PLEDGE FORM (Bring form and $ to Registration table on Oct.16)

NAME	ADDRESS	POSTAL CODE	PLEDGE	PAID

(Make cheque payable to Colorectal Cancer Assoc. of Canada) **TOTAL:____**