



# I have SISU

## Sling-Choker SISU Family Walk

Team Name (optional):  
\_\_\_\_\_



Participant Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ I am over 18 yrs of age Y \_ N \_

I hereby agree to indemnify and hold Finlandia SISU Foundation / Finlandia Village harmless from any and all liability (personal, physical and/or financial) related to the operation and hosting of the walk and awareness event being held Saturday September 21, 2019.

Signature: \_\_\_\_\_ (participant or parent/guardian)

DONOR First/Last NAME	Complete ADDRESS	CITY	POSTAL CODE	TELEPHONE	AMT \$
Tax receipts will be issued for individual donations of \$20 or more. Complete donor name, address and postal codes are required for receipting purposes. Please make cheques payable to Finlandia SISU Foundation. Thank you for your support.					<b>Total \$</b>

# Thank You Kiitos



Charitable Registration No.  
107383242RR0001

