

RATTLE THEM BONES TOUR 2005

IN SUPPORT OF THE CANADIAN CHIROPRACTIC RESEARCH FOUNDATION
 SATURDAY JUNE 4TH, 2005

Registration Form

Vehicle make/model
 Year
 Mileage
 Plate

Driver name _____

Address _____

City _____ Prov _____ Postal code _____

Email _____ Phone (H) _____

Phone (C) _____ (Please bring cell phone with you for emergency contact)

Passenger name _____

Address (if different from above) _____

City _____ Prov _____ Postal Code _____

Email _____ Phone (H) _____

Registration Fees: Driver \$25.00 (free with \$150+ sponsorship pledges*)
 Passenger \$25.00 (free with \$150+ sponsorship pledges*)

*Pledge forms are available. If you raise \$150. in support of the CCRF, your registration fee is waived.
 Tax receipts will be mailed to donors for pledges of \$20 or more.

Fees include: T-shirt (1st 100 registrants only), one poker hand and reception at the Good Time Centre

| | |
|--------------------------------------------------------------------------------------|-------------|
| Amount paid \$ | |
| by <input type="checkbox"/> Cash | |
| <input type="checkbox"/> Cheque payable to Canadian Chiropractic Research Foundation | |
| <input type="checkbox"/> VISA or MasterCard | |
| Card # | Expiry date |

Waiver

I understand the CCRF Tour is a fund raising event and is not intended to be a competition or race. I will obey the event guidelines and Coordinator, and hold blameless the CCRF, its sponsors and those assisting the planning and execution of the event. I commit to obey provincial motor vehicle laws, and the Riders Code of Conduct. I confirm that I am licensed and insured to operate the specific motor vehicle I will be driving during the event.

Signature (Driver) _____ Date _____

Signature (Passenger) _____ Date _____

Completed registration forms may be remitted for pre-registration:
 by mail to Dr. Eric Jackson 148 Richmond Rd. Ottawa, ON K1Z 6W2 or
 by FAX to (613) 722-5604 Attn: Dr. Eric Jackson

Office only