

**PLEASE PRINT CLEARLY IN INK!**

Mr.  
 Ms

\_\_\_\_\_  
First Name Surname

\_\_\_\_\_  
Address Apt. #

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Telephone (Daytime) (Evening)

\_\_\_\_\_  
E-mail Address

**INCLUDE ABOVE INFORMATION ON ALL PLEDGE FORMS SUBMITTED.**

**CAMP JUMOKE**

**TURTLE WALK 2011**

**SATURDAY, MAY 28, 2011  
QUEEN'S PARK - NORTH ENTRANCE**

**Registration starts at 10:00 a.m.**

- Tax receipts will be issued for all pledges of \$20.00 or more
- Complete mailing address required for issuing of Tax Receipt

**Please support CJ and become a Member! Check the Membership box and include \$10 membership fee in addition to your pledge. (Must include contact address and phone number)**

**PLEASE PAY IN ADVANCE. MAKE CHEQUES PAYABLE TO "CAMP JUMOKE".**

Amount	Paid
\$ _____	<input type="checkbox"/>

**GOAL FOR 2011 - \$200 PER WALKER**

**MY PERSONAL DONATION IS ...**

\$ _____	<input type="checkbox"/>
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_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
_____ Apt. #	_____ Address	_____ City and Province	_____ Postal Code
_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
_____ Apt. #	_____ Address	_____ City and Province	_____ Postal Code
_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
_____ Apt. #	_____ Address	_____ City and Province	_____ Postal Code
_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
_____ Apt. #	_____ Address	_____ City and Province	_____ Postal Code
_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
_____ Apt. #	_____ Address	_____ City and Province	_____ Postal Code
_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
_____ Apt. #	_____ Address	_____ City and Province	_____ Postal Code
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_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
_____ Apt. #	_____ Address	_____ City and Province	_____ Postal Code
_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
_____ Apt. #	_____ Address	_____ City and Province	_____ Postal Code
_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
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_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
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_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
_____ Apt. #	_____ Address	_____ City and Province	_____ Postal Code
_____ First Name	_____ Last Name	_____ Phone	<b>\$10 Membership</b> <input type="checkbox"/>
_____ Apt. #	_____ Address	_____ City and Province	_____ Postal Code

TOP COPY — Registration copy. Please submit at Camp Jumoke Walkathon.

BOTTOM COPY — Walker copy. Please retain for your records

**Camp Jumoke is located at 1457 Dundas Street West  
Suite 203, Toronto ON M6J 1Y7  
FOR MORE PLEDGE FORMS CALL 416-410-2995**

\$ _____ TOTAL
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**PARTICIPANT RELEASE:** In submitting this registration form, I acknowledge that I understand the intent thereof, and I hereby agree to absolve and hold blameless Camp Jumoke, Corporate Sponsors and any other parties affiliated with this event in any way, alone or collectively, from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the 2011 Camp Jumoke Walkathon (Turtle Walk 2011).

Charitable Registration Number: 890014970RR0001

\_\_\_\_\_  
SIGNATURE

Visit us online:  
[www.jumoke.org](http://www.jumoke.org)