



P.O. Box 1040 RR# 1
Wakaw, Sask. S0K 4P0
306-423-5687/306-423-6227

**REGISTRATION FORM
RECREATIONAL RELAY
July 6, 2019**

TEAM/INDIVIDUAL NAME: _____

CAPTAIN: _____

ADDRESS: _____

PHONE 1: _____ PHONE 2: _____

E-MAIL: _____

ALTERNATE CONTACT: _____

PHONE 1: _____ PHONE 2: _____

E-MAIL: _____

TEAM FEE: **By donation***

PLEASE NOTE:

- You must be at least 16 years of age to participate
- The cyclist needs to bring their own bike and helmet

TEAM MEMBERS SIGNED WAIVERS: _____ YES included with Registration form
_____ NO, to be signed on day of relay

* Proceeds from the donations will be contributed to the Walking With Our Sisters commemorative art memorial held in August of 2019. For more information, please visit walkingwithoursisters.ca.

Please submit form and direct any inquiries to: louisrielrelay@gmail.com