



Participant Name: _____

Address: _____

Phone: _____

Email: _____

Team Name: _____

First & Last Name	Street Address	Town, Postal Code	Phone/Email	Amount	Cash/Cheque #
			TOTAL CASH \$ _____	TOTAL CHEQUES \$ _____	TOTAL RAISED \$ _____
			—	—	—

All funds must be returned to DHHF Office no later than June 1, 2023
 322 Broad St W, Dunnville ON N1A 1T1
 Charitable Tax Number 118889690 RR0001