

2023 REGISTRATION FORM

To March or Crew for Kidney March - September 8-10, 2023

[1] GENERAL INFORMATION

FIRST NAME		LAST NAM	IE
ADDRESS		SUIT/ APT	#
CITY	PROVINCE	POSTAL C	ODE
PHONE		DATE OF E (You must l	BIRTH be at least 16 to participate)
informed of other activities, events an	I to us will be used to process your Kidney March of dor fundraising opportunities in support of The Focommunication from The Foundation, kindly email	oundation.	
KIDNEY MARCH TEAM (If applicable	·)	TEAM CAF	PTAIN
Gender (optional):	☐ Male ☐ Non -Binary		
T-SHIRT SIZE:			
SMALL MEDIUM	LARGE XL 2XL 3	3 XL	
SPECIAL MEAL REQUIRME	NTS:		
RENAL DIET VEGAN	N 🔲 VEGETARIAN 🔲 GLUTEN FR	EE NONE	
Please list any food allergies we	should be aware of:		
This is an agreement. I understand it is 2023, to participate in Kidney March.	STERING AS A MARCH is my responsibility to raise at least \$2,200 in pled. I understand that all pledges processed are non-rene of Kidney March. I have read, understand, and so	ges, due to the Kidney March efundable, even if I do not pa	
MARCHER SIGNATURE			DATE
	submit a \$174 non-refundable registration and icious meals, and all the snacks and drinks neede		
TOTAL INCLUDED: ☐ \$174 (\$7	75 Registration Fee and \$99 Meal Plan)		
METHOD OF PAYMENT: ☐ Cheque, please make payable	le to: The Kidney Foundation of Canada		
☐ Cash☐ Credit Card: ☐ VI	SA MasterCard American Expr	ress	
CARD NUMBER	EXP [DATE	CVV NUMBER
SIGNATURE	NAME	NAME ON THE CREDIT CARD	



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[3] I'M REGISTERING AS A CREW MEMBER

Kidney March Crew members are encouraged to raise a minimum of \$300. If you have any special skills you can bring to Kidney March, please let us know. Our Kidney March team will try to incorporate it into the event planning. Please note, Crew teams are filled on a first-come basis, so availability is limited. I certify that I will be at least 16 years of age at the time of Kidney March. I have read, understand and agree to the above.

CREW SIGNATURE	DATE		
CREW REGISTRATION FEE To register for Kidney March, please subr		ion fee with this Registrat	tion Form. Please do not mail cash.
TOTAL INCLUDED: \$75 (Registra	ation Fee)		
METHOD OF PAYMENT: ☐ Cheque, please make payable to ☐ Cash ☐ Credit Card: ☐ VISA	: The Kidney Foundation of Ca ☐ MasterCard ☐ Amer		
CARD NUMBER		EXP DATE	CVV NUMBER
SIGNATURE		NAME ON THE CREDIT CARD	
☐ I am fully vaccinated (+3rd boosted I am fully vaccinated ☐ I am partially vaccinated ☐ I am not vaccinated ☐ I am medically exempt (not vaccinated I am medically exempt (not vaccin	nated) IRE THE EVENT?	IAL MEDIA □ AD (whic	h one?) □ OTHER (specify)
WHAT IS YOUR CONNECTION ☐ SELF ☐ FAMILY / FRIEND ☐ ☐ OTHER (specify)		L NO CONNECTION	N □LIVING KIDNEY DONOR
WILL YOU BE ON DIALYSIS DO	JRING KIDNEY MARCH?	ANY DIETARY R	RESTRICTIONS? (If yes, list below or contact us)
WHERE TO SEND Y PLEASE SEND: 1. Completed Registration Fo 2. Completed Waiver 3. Registration fee		ATION	

TO:



THE KIDNEY FOUNDATION, SOUTHERN ALBERTA BRANCH

6007 1A St SW Calgary, AB T2H 0G5

IMPORTANT NOTE: Kidney March is committed to ensuring that the maximum percentage of donor dollars is returned to non-profit programs. We cannot predict, however, what the percentage will be. This depends on many variables, including how many Marchers participate, how much money they raise, recruiting, logistics and event expense.

CONGRATULATIONS AND WELCOME TO KIDNEY MARCH!