



# Annual Polar Bear Plunge



**LEEDS & GRENVILLE ANIMAL CENTRE**

## REGISTRATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

By providing your email address, you are agreeing to be emailed by the Ontario SPCA  
Leeds & Grenville Animal Centre

## GENERAL INFO

Birthdate: \_\_\_\_\_

Gender:  Male  Female

## IMPORTANT INSTRUCTIONS

1. All information requested is important to us and is required for tax receipts. Please complete the form carefully.
2. Please do not send cash in the mail. We accept cheques or credit card information.
3. If you are bringing this form along with your collected donations to the event, please try to deposit all of the cash you collected and write us a cheque for the grand total or enter your credit card information below. This will ensure that we are able to process you quickly during registration at the event.
4. Please ensure all totals add up correctly on the "Grand Total" line.
5. Anonymous funds are not eligible for tax receipts. Please enter any additional funds received on the "Donations collected from donors not requiring tax receipts" line at the bottom of this form. Please see tax receipting guidelines for more details.
6. Please print clearly and make all cheques payable and mail to:

**Ontario SPCA Leeds & Grenville Animal Centre**  
550 Boundary Road P.O. Box 52 Cornwall, ON K6H 5S3

## TAX RECEIPTING GUIDELINES

All participants of the Annual Polar Bear Plunge must agree to the terms listing under these tax receipting guidelines:

- Tax receipts will only be issued for donations of \$10 or more.
- Tax receipts cannot be issued to the participant for the unreceipted portion of the funds collected on behalf of their donors.

## WAIVER/RELEASE

**MUST BE AGREED TO BY EACH PARTICIPANT.** In consideration of **Ontario SPCA Leeds & Grenville Animal Centre Annual Polar Bear Plunge**, accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the participating societies holding this event, their agents, representatives, successors, assigns and event sponsors for any and all injuries suffered by me or my animal companion at this event, or damage sustained by me or my animal companion as a result of this event, for any cause whatsoever including negligence. I understand that individual events may be photographed and videotaped and hereby give the participating societies rights to these images for future use.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: food allergies, diabetes) should check with his/her physician before participating. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/or injuries incurred during or leading up to the event.

Participation in **Ontario SPCA Leeds & Grenville Animal Centre Annual Polar Bear Plunge** is undertaken at your own initiative and with the full permission, support and appreciation of the participating societies. In the event that the participating societies become aware of any false, incorrect or misleading information, the participating societies may revoke this Authority in its absolute discretion.

All youth participants (17 or under) must have a parent/guardian sign on their behalf. By signing this waiver, you agree to the terms listed under the Tax Receipting Guidelines.

Signature \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_



**LEEDS & GRENVILLE ANIMAL CENTRE**

**LEEDSGRENVILLE.ONTARIOSPCA.CA**

FIRST NAME	PHONE (    )	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

  

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ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

  

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**I would like to pay the unpaid balance of my donor's pledges in full by credit card.**

Credit Card# \_\_\_\_\_

Expiry (MM/YY) \_\_\_\_\_ Signature \_\_\_\_\_ Balance Paid \$ \_\_\_\_\_

Event organized by:

**THANK YOU FOR YOUR SUPPORT**



**LEEDS & GRENVILLE ANIMAL CENTRE**

[LEEDSGRENVILLE.ONTARIOSPCA.CA](http://LEEDSGRENVILLE.ONTARIOSPCA.CA)

Subtotal of donations on this form

\$ \_\_\_\_\_

Donations collected from donors not requiring tax receipts

\$ \_\_\_\_\_

GRAND TOTAL

\*add numbers above

\$ \_\_\_\_\_