



**TRIADVENTURE**

AUGUST 20-22

MAKE A WORLD OF DIFFERENCE

**2010**

# Registration Form

Athlete

Crew

Last Name:	Date of Birth: dd/mm/yy
First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans
Address:	Apartment / Unit:
City:	Postal Code:
Day Phone:	Evening Phone:

E-mail Address:  check here if you would you like to be a Team Leader?

How did you hear about the TriAdventure?	Shirt Size: xs s m l xl xxl
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<p><b>Dietary Restrictions:</b></p> <p><input type="checkbox"/> No restrictions</p> <p><input type="checkbox"/> Vegetarian</p> <p><input type="checkbox"/> Food allergies. Please list</p> <p>Other:</p>	<p>The TriAdventure will direct any funds raised by me and my sponsors to the Nikibasika Learning &amp; Development Project &amp; CACHA.</p> <p>90% of the funds will be directed to Nikibasika, a home for orphaned and vulnerable children, with the remaining 10% going towards programs supported by the Canadian Africa Community Health Alliance (CACHA). CACHA is an umbrella funding agency for the orphanage and other programs in Africa.</p>
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**By signing this Registration Form, I agree to pay the registration fee (\$150 athlete / \$50 crew) and to raise a minimum of \$1,000 in pledges to be donated to both charities as identified above.**

**Payment of Registration Fee by:**

- Cash
- Cheque (payable to "TriAdventure")
- MasterCard
- Visa

Card Number: \_\_\_\_\_ Exp \_\_\_\_\_

Signature:	Date:
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Please mail, fax or email your completed registration form and registration fee to:  
TriAdventure c/o 84 Northcote Avenue, Toronto Ontario M6J 3K3  
Fax: (416) 204-9657 email: [participate@triforafrica.org](mailto:participate@triforafrica.org)