**Motorcyclists Fighting Blindness ... *the great Canadian tradition continues!***

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**ALL PARTICIPANTS MUST GO THROUGH REGISTRATION ON THE DAY OF EVENT.**

 If you are unable to attend the event, please mail your donations to (do not send cash):

 **Ride for Sight, c/o FFB, 890 Yonge Street, 12th Floor, Toronto, ON M4W 3P4**

 PLEASE PRINT CLEARLY. DO NOT RECORD ONLINE DONATIONS ON THIS SHEET.

To become an Online Fundraiser also, visit rideforsight.com

With this tool you can easily send a request to all your Facebook Friends to donate to you.

 Donations of $20 or more will automatically receive a Tax Receipt after the Ride.

 For donations less then $20 you may request a Tax Receipt at 1-800-461-3331

**Like us on Facebook! @RideforSight | Follow us on Instagram! @rideforsight\_official**

Rider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone☹ **(**\_\_\_\_\_\_)

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

 Street #, Street Name City Province Postal Code

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand of Bike: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Donor** **Name** | **Address** | **City,** **Province** | **Postal** **Code** | **Phone #** | **Cash/ Cheque** | **Donation Amount** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
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| **7** |  |  |  |  |  |  |  |
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| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |

**Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As a participant in Ride for Sight, I, for myself, my heirs, executors, and administrators, waive any claims to which I may become entitled for injury or damage caused to me at the event. I release The Foundation Fighting Blindness – Canada, Ride for Sight and all other organizers, sponsors, representatives, volunteers, their agents and employees and any other person or organization assisting in this event from any claims for damages or injury suffered by me as a result of my participation. I further state that I am in proper physical condition to participate in this event and possess a valid motorcycle license and vehicle insurance (if I am a rider), have valid health insurance, and am aware that participation could, in some circumstance, result in physical injury and/or traffic accident causing physical injury. By signing here, I hereby consent to and permit emergency treatment in the event of injury or illness during the event. I also give my permission for the free use of my name and picture for media and marketing materials related to this event.

I would like to receive Emails from Ride for Sight on Ride for Sight and The Foundation Fighting Blindness Ο **CHECK**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020

Need more donor sheets? Copy a blank, download a sheet from [www.rideforsight.com](http://www.rideforsight.com/) or call 1-800-461-3331 Ext. 224