



Annual "Moving for Independence" First Sunday in May!

THE FEATURED EVENTS

8:30 am - 45k Rail Trail Ride

9:30 am - 24k Rail Trail Ride

9:30 am - Family Fun Ride or Walk



\$20 Registration Fee

\$100.00 in pledges waives registration fee

**Gift Bag, Massage, and Lunch
Opportunity to win prizes!**



BARRY'S
PLUMBING & HEATING



BAMKO

MARC SCHROEDER/
SOLE DOC



UNCLE DAVE'S
PIZZERIA

250-545-9292

#107 3402-27th Ave | Vernon BC | V1T -1S1

Design Only
x 1 unit

PROOF 1





Annual "Moving for Independence" First Sunday in May

Basic Info *(Please Print)*

Name: *First:* _____ *Last:* _____

Phone: _____

E-mail: _____

13K "Fun Walk or Ride"

☐

Walk, Run, or Ride

24K "Leisure Ride"

☐

Cycle

45K "Crank Hammers Ride"

☐

Cycle

Participant Fundraising Options *(Children 12 & under are free)*

☐

Pay registration fee \$20.00

☐

Fee waived (\$100 raised in pledges)

☐

Individual- prizes for most dollar amount of pledges raised

☐

Team of 4 - prizes for most dollar amount of pledges raised

Payment Options

☐

Cheque (payable to IL Vernon)

☐

Cash (do not mail)

☐

Credit Card

Expiry MM/YY

Participant Waiver - *Must be completed & signed - NO EXCEPTIONS*

In consideration of your accepting the entry, I hereby, for myself, my heirs, executors & administrator, waive & release any & all right or claim to damages I may have against Independent Living Vernon holding this event, their agents, representatives, successors & the sponsors, for any kind & all injuries I may sustain during the course of the event. I agree that I will abide by bicycle safety rules and agree to wear my helmet at all times. I also agree that any photographs taken of me during the entire cycling for Independence event can be used for publicity purpose

Day _____ Month _____ Year _____

Name of Participant (please print) *First:* _____ *Last:* _____

Signature of Participant _____



Annual "Moving For Independence" Pledge Form

Collector's Name: _____

Phone Number: _____

DONATIONS OF \$25.00+ WILL BE RECEIPTED UPON REQUEST with full mailing address

Name _____

Address _____

☐ Cash ☐ Cheque ☐ Credit Card _____ Expiry MM/YY

Donation Amount _____ Donation Receipt ☐ YES ☐ NO

Name _____

Address _____

☐ Cash ☐ Cheque ☐ Credit Card _____ Expiry MM/YY

Donation Amount _____ Donation Receipt ☐ YES ☐ NO

Name _____

Address _____

☐ Cash ☐ Cheque ☐ Credit Card _____ Expiry MM/YY

Donation Amount _____ Donation Receipt ☐ YES ☐ NO

Name _____

Address _____

☐ Cash ☐ Cheque ☐ Credit Card _____ Expiry MM/YY

Donation Amount _____ Donation Receipt ☐ YES ☐ NO

The mission of Independent Living Vernon is to create sustainable community links, to work for societal change and to remove barriers so that people with disabilities have the opportunity to realize their full potential.

Independent Living Vernon 3402 27th Avenue, Suite #107 Vernon, BC V1T 1S1

(250)-545-9292 lisa@ilvernon.ca www.ilvernon.ca

Charitable Registration #139156111 RR0001