



参加者姓名: _____ 年龄组别: **r** 0-17 电话: _____

电邮: _____ 地址: _____ 邮政编码: ON _____

步行筹款详情:

日期: 2019年9月22日下午1时至5月

地点: ♡ Phyllis Rawlinson Park

泊车/报到: ♡ 11715 Leslie St, Richmond Hill

收表日期: 2019年8月18, 25及9月1, 8日

活动内容: 轻松午餐, 齐齐起步, 舒展筋骨, 家庭乐步!

查询: Katherine Cheng (647) 222-6655, Lyman Wong (416) 567-4000,
Doris Chan (416) 709-0828

赞助者须知:

- r** 请于步行筹款活动前, 把捐款全数交给上述的参加者。
- r** 您可使用现金或支票的方式给我们。支票抬头请注明“NTCAC”, 并在备注栏“Memo”注明“NTCAC Fundraising Walkathon 2019”。
- r** 捐款 20 元或以上可获报税收条。本会将直接发收条给赞助者。

筹款目的: 北宣第二期扩展工程筹款
扩堂工程总费用: \$1,800,000 筹款数字目标: \$30,000

如需报税收条, 请用英文填写, 并于收条栏填上“ü”

赞助者姓名	赞助者地址及 邮政编码	电邮	电话	数额		收条要 p
				现金	支票	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
总额				\$	\$	

Letter of Consent

I, the parent/legal guardian of _____ (name of child), do hereby give permission for my child to participate in church activities. Precautions are taken for the safety of your child, but in the event of accident or sickness, North Toronto Chinese Alliance Church (NTCAC), its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medical attention, the parents or legal guardian will be notified immediately. I hereby give permissions to the medical clinic or hospital selected by NTCAC to hospitalize and to secure proper treatment for my child as named above. NTCAC and the staff of the Children/Youth Ministry are not responsible for any legal and other consequences resulting from any accident.

Your child must be covered by the Ontario Health Insurance or equivalent medical insurance.

Ontario Health Insurance Number: _____

Special Medical/Allergy Precaution: _____

Name of Family Physician: _____ Phone: _____

Name of parents/guardian: _____ Phone: _____

Signature: _____ Date: _____

办公室专用

表格编号 #C _____

收款人: _____ 日期: _____

款项: 支票: \$ _____ 现金: \$ _____ 总数: \$ _____