



參加者姓名: _____ 年齡組別: **r** 0-17 電話 _____

電郵: _____ 地址: _____ 郵政編碼: ON _____

步行籌款詳情:

日期: 2019年9月22日下午1時至5時
 地點: ♡ Phyllis Rawlinson Park
 泊車/報到: ♡ 11715 Leslie St, Richmond Hill
 收表日期: 2019年8月18, 25日及9月1, 8日
 活動內容: 輕鬆午餐, 齊齊起步, 舒展筋骨, 家庭樂步!

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

贊助者須知:

- r** 請於步行籌款活動前, 把捐款全數交給上述的參加者。
- r** 您可使用現金或支票的方式給我們。支票抬頭請註明「NTCAC」, 並在備註欄「Memo」註明「NTCAC Fundraising Walkathon 2019」。
- r** 捐款 20 元或以上可獲報稅收條, 本會將直接發收條給贊助者。

籌款目的: 北宣第二期擴展工程籌款
 擴堂工程總費用: \$1,800,000 籌款數字目標: \$30,000

如需報稅收條, 請用英文填寫, 並於收條欄填上“ ü ”

贊助者姓名	贊助者地址 及 郵政編號	電郵	電話	數額		收條 要 p
				現金	支票	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
				總額	\$	\$

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: _____

辦公室專用

表格編號 #C_____

收款人: _____ 日期: _____

款項: 支票: \$ _____ 現金: \$ _____ 總數: \$ _____