



Registration Form (Pre event)

NAME	
CONTACT DETAILS (number/email)	
EVENT NAME	
EVENT DATE(S)	
EVENT DETAILS	

By completing and signing the Registration Form, I agree to adhere by the guidelines and policies set out by Burnaby Hospital Foundation. I agree to have all proceeds from my Community Fundraising event to be submitted to Burnaby Hospital Foundation within six weeks of my event's completion.

Signature of Event Coordinator: _____

Date: _____

BHF Staff Member Signature: _____

Date: _____