



FAMILY FUN WALK REGISTRATION FORM

CARRIACOU: Sunday April 6, 2025 at 4:00 p.m. from Alexis Supermarket parking lot to Hillsborough Tennis Court
Registration Period: MARCH 10 to APRIL 4, 2025 or while stocks last
GRENADA: Sunday, May 4, 2025 at 4:00 p.m. from the Morne Rouge Playing Field to the Kirani James Athletics Stadium
Registration Period: MARCH 10 to MAY 2, 2025 or while stocks last

2025 beneficiary: the Princess Royal Hospital in Carriacou

REGISTRATION INFORMATION:

1. **Registration fee: Groups (of 3 or more) - \$15 per person; Individuals - \$20 per person**
2. Registrants will receive: T-shirt and giveaway
3. List participants on reverse. Please complete all areas of the Registration Form.
4. **To be eligible for prizes, registration must be made by Monday March 31, 2025 in Carriacou and Friday April 25, 2025 in Grenada.**
5. Full payment is to be made when submitting forms at Co-op Bank branches.
6. Payments: Cheques are to be made payable to "Grenada Co-operative Bank Fun Walk". There will be no refunds or transfers.
7. Call 440-2111 OR 444-2667 (COOP) for further information.

PLEASE COMPLETE ALL RELEVANT AREAS OF THIS FORM

ARE YOU REGISTERING AS: AN INDIVIDUAL A GROUP

FOR GROUPS, ENTER THE NAME OF THE GROUP COORDINATOR

GROUP NAME:

GROUP TYPE: FAMILY WORK SCHOOL COMMUNITY CHURCH

TOTAL NO. OF EMPLOYEES (WORK GROUP ONLY): 1-10(MICRO) 11-49(SMALL) 50-99(MEDIUM) 100+(LARGE)

LAST NAME: BIRTH (MM/DD/YY):

FIRST NAME:

ADDRESS: PHONE:

EMAIL: ROUTE: NORMAL CHALLENGE

INDIVIDUAL: MALE FEMALE SHIRT SIZE: S M L XL XXL XXXL

CH (2/4) CH (6/8) CH (10/12) CH (14/16)

PARTICIPATION: ON FOOT STROLLER

NUMBER OF PERSONS REGISTERED _____ PAYMENT: \$ _____

TYPE OF PAYMENT: CHEQUE CASH CARD

I WOULD LIKE TO MAKE A DONATION TO **the Princess Royal Hospital in Carriacou** IN THE AMOUNT OF:
 \$ _____

REQUIRED:
 I/WE HEREBY WAIVE ALL CLAIMS AGAINST THE GRENADA CO-OPERATIVE BANK LIMITED AND ALL ITS ALLIANCE PARTNERS ASSOCIATED WITH THIS EVENT, FOR INJURY OR LOSS I/WE MIGHT SUFFER BY PARTICIPATION IN, OR AS A RESULT OF THIS EVENT. I/WE GRANT PERMISSION TO EACH OF THE FOREGOING TO USE MY/OUR NAME, IMAGE, PHOTOGRAPHS, VIDEOTAPES AND ANY OTHER MEDIA OR RECORD OF THE EVENT FOR LEGITIMATE PURPOSES, INCLUDING PROMOTIONS WITHOUT COMPENSATION TO ME/US. I/WE ACKNOWLEDGE THAT THE GRENADA CO-OPERATIVE BANK LIMITED HAS THE RIGHT TO ALTER, CHANGE, CANCEL AND OR POSTPONE THE EVENT AT THEIR SOLE DISCRETION. I/WE WARRANT THAT ALL STATEMENTS MADE IN THIS AGREEMENT ARE TRUE AND CORRECT AND I/WE UNDERSTAND THAT THE ORGANIZERS HAVE RELIED ON THEM IN ALLOWING ME TO PARTICIPATE IN THE EVENT.
 I/WE HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

 Signature of Participant/Group Representative or
 Parent/Legal Guardian (if Participant is under 18 yrs)

 Date



Group Name _____

Personal information				Birthdate		
First Name	Last Name	Phone No.	Email address	MM	DD	YY

Participation	
On Foot	Stroller

Gender	
Male	Female

Route	
Challenge	Regular

Shirt Size (tick where applicable)										
2/4 (child)	6/8 (child)	10/12 (child)	14/16 (child)	Small	Medium	Large	X Large	XX Large	XXX Large	

If the group incorporates more than 20 persons, please use an additional form.