

TEST OF METAL ROTARY CHALLENGE

Date _____

Name of Rider _____

Rider's Company _____

Address _____

Telephone Wk _____ Hm _____



SPONSOR (PRINT NAME)	MAILING ADDRESS (IF RECEIPT REQUIRED)	POSTAL CODE	PHONE NO.	TAX** YES	SIGNATURE	AMOUNT	
						PLEDGED	PAID
TOTALS							

MAKE CHEQUES PAYABLE TO "ROTARY CLUB OF SQUAMISH FOUNDATION"
 **TAX RECEIPTS WILL BE ISSUED UPON REQUEST FOR DONATIONS \$25.00 AND ABOVE. CHECK "YES".