

# CHC Coffee Cruise In for a Cause

April 21, 2024

## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Car  Truck  Motorcycle

Donation: \_\_\_\_\_

Registration #: \_\_\_\_\_

Minimum \$10.00 donation

# to be filled in by event representative

Waiver (Required): In consideration of the foregoing and for participating in the event, I for myself, my heirs and executors, and administrators, waive and release all rights and claims for damages I may have against the sponsors or organizers of this event, or any and all claims of damage, demands, and actions whatsoever which may arise as a result of my participation in this event.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donations can be made online at [FoundationForHospice.org/coffeecruisein](https://FoundationForHospice.org/coffeecruisein); checks maybe sent with this form to: Hospice Foundation • 501 Comfort Place • Mishawaka, IN 46545  
or upon arrival to the event via cash, card, or check  
*(all checks should be made payable to Hospice Foundation)*