

CHC Coffee Cruise In for a Cause

October 6, 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; 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)