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2012

DAVE'S DASH FOR CASH

DAVE IRWIN FOUNDATION FOR BRAIN INJURY RECOVERY

Saturday FEBRUARY 4, 2012

TEAM SUMMARY SHEET

Team Captain Name: _____

Phone Number: H: _____ W: _____

Email Address: _____

Team Name: _____

Team members (Please print first and last name clearly):

NAME

(please circle one)

- 1. _____ **Boarder** **Skier** M/F **Age** Donations \$ _____
- 2. _____ **Boarder** **Skier** M/F **Age** Donations \$ _____
- 3. _____ **Boarder** **Skier** M/F **Age** Donations \$ _____
- 4. _____ **Boarder** **Skier** M/F **Age** Donations \$ _____

TEAM DONATION TOTAL: \$ _____

(minimum of \$1,000 per team to enter)

ALL DONATIONS NEED TO BE HANDED IN THE DAY OF THE EVENT – participants will NOT receive a tax receipt for their own entry

