



Formulaire de commandes au profit de la :  
Pledge forms to the benefit of the :

**Fondation de l'Hôpital Sainte-Justine**  
(Charitable Registration # 118921543RR001)  
**Montreal Children's Hospital Foundation**  
(Charitable Registration # 118921667RR001)

**Pour information / For information**  
Fondation de l'Hôpital Sainte-Justine : (514) 345-4931  
The Montreal Children's Hospital Foundation : (514) 934-4846  
Kurling for Kids - Robert Sears (514) 207-5508

**Kurling for Kids 2010**

Date : 27-03-2010

TMR - Glenmore - Lachine - St.Lambert - Montreal West  
Pointe Claire - Otterburn - Baie D'Urfe - Ste Anne's -  
Royal Montreal - St. Bruno

Participant = \_\_\_\_\_  
Adresse/Address = \_\_\_\_\_  
Tél. : \_\_\_\_\_  
Signature du participant \_\_\_\_\_  
Participant's Signature \_\_\_\_\_

NOM DU COMMANDITAIRE PLEDGER'S NAME	ADRESSE (rue, ville, code postal) ADDRESS (street, city, postal code)	TÉLÉPHONE PHONE #	MONTANT AMOUNT	REÇU TAX RECEIPT (minimum 20\$)	
				OUI YES	NON NO
PLEASE PRINT LEGIBLY / SVP ECRIRE LISIBLEMENT					
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