



APPLE PIE CHALLENGE REGISTRATION FORM



I/We would love to enter a pie in The Chilifest Amazing Apple Pie Challenge

Sorry, we are unable to participate but would like to make a donation to Hospice Palliative Care and be recognized at the event as a "Friend of Chilifest" \$ _____
(tax receipt available).

Contact Name: _____

Business Name: _____

Address: _____

Phone #: _____

Fax #: _____

Email: _____

\$20 Registration Fee Paid:

Mastercard () Name of Cardholder: _____

Visa () Credit Card #: _____

Expiry Date: _____

Cheque ()

Cash ()

Please register and pay in full for the Apple Pie Challenge by
September 26, 2011

For more information please contact
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