

# OTTAWA CHRISTIAN SCHOOL 10K RUN/WALKATHON

SEPTEMBER 25, 2010

PLEASE PRINT CLEARLY

PLEASE COMPLETE IF TAX RECEIPT IS REQUIRED (\$20.00 minimum)

#	NAME	ADDRESS	POSTAL CODE	PHONE	AMOUNT		PAID	
1					\$		\$	
2					\$		\$	
3					\$		\$	
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23					\$		\$	
24					\$		\$	
25					\$		\$	

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

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SEPTEMBER 25, 2010

TOTAL

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STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_