



The 6th Lupus Grand Prix

Sunday May 12th, 2013

TEAM NAME:						
Name of Team Member		Address	City, Province	Postal Code	Phone	Amount
1.						
2.						
3.						
4.						
PLEASE PRINT						Total

Please Make Cheques Payable To:
The Lupus Flare Foundation – Tax Receipts will be provided in the amount allowed by legislation governing charitable donations..
PLEASE DO NOT INCLUDE DONATIONS ON THIS FORM

OFFICE USE:
 Amount Paid: _____ Date: _____ Amount Paid: _____ Date: _____
 Paid in full: YES...NO... Paid in full: YES...NO...