



2011 Registration Form – New Partners

Registration Date : ___/___/___ Partner #. : _____ (for internal use only)

It is agreed that :

First name : _____ Family name: _____

Name of company (if applicable) : _____

will represent the above-mentioned company / organization for fundraising activities benefiting the FOUNDATION OF STARS.

Registration # of the company / organization (if applicable):

Address : _____

City : _____ Province : _____ Postal Code: _____

Telephone : _____

Fax : _____ Email : _____

Social insurance # : _____ *

Please provide us with a photocopy of the following pieces of identification : Drivers' license and medical insurance card (carte soleil.)

Registration of activity(ies) or type of fundraising event(s) and date(s) :

Description : _____

Address of activity(ies) : _____

Start date of activity(ies) : _____ End date of activity(ies) : _____

Annual financial objective: \$ _____ Net amount received: \$ _____ on _____

_____ Net amount received: \$ _____ on _____

Letter of authorization : French English

Bank # : _____ (To be returned at the end of activity(ies) Date of return : _____

I hereby authorize the Foundation to submit my information to Garda for verification.

Signature

Foundation of Stars representative :

(Signature) (Title) (Date)

* Important : A verification with Garda is mandatory. The issuance of a written authorization by the Foundation is conditional to the results of the Garda verification.