



Yes! I would like to support my participating local SPCA or Humane Society.  
 Please visit [www.nationalcupcakeday.ca](http://www.nationalcupcakeday.ca) to find a list of participating societies and enter the corresponding society number:

### IMPORTANT INSTRUCTIONS

1. Please register online at [www.nationalcupcakeday.ca](http://www.nationalcupcakeday.ca). Online donors will receive automatic emailed tax receipts and it helps to keep our administration costs low.
2. Donations received offline can be entered online by using a personal credit card. Donor information can be entered so your donors receive a tax receipt.
3. All information requested is important to us and is required for tax receipts. Please complete the form carefully.
4. Please do not send cash in the mail. We accept cheques or credit card information.
5. Please ensure all totals add up correctly on the "Grand Total" line.

6. Anonymous funds are not eligible for tax receipts. Please enter any additional funds received on the "Additional Funds Collected" line at the bottom of this form.
7. Tax receipts will be issued for donations over \$10 by the BC SPCA in BC and the OSPCA for the rest of Canada. Donations will be directed to your society of choice.
8. Please print clearly and make all cheques payable to the BC SPCA (for support in BC) or to National Cupcake Day (for support in the rest of Canada) and mail to:

In BC:	In the rest of Canada:
<b>National Cupcake Day</b>	<b>National Cupcake Day</b>
<b>1245 East 7th Ave.</b>	<b>16586 Woodbine Ave., RR 3</b>
<b>Vancouver, BC</b>	<b>Newmarket, ON</b>
<b>V5T 1R1</b>	<b>L3Y 4W1</b>

Please fill out this section if you HAVE registered online

Cupcake Party Host Name: \_\_\_\_\_

Participant ID Number: \_\_\_\_\_

Your participant ID number can be found on your online bakery at [www.nationalcupcakeday.ca](http://www.nationalcupcakeday.ca).

Cupcake Party Team Name: \_\_\_\_\_

\* To qualify for pre-event prizing you must register online at [www.nationalcupcakeday.ca](http://www.nationalcupcakeday.ca).

\* For full prizing rules and regulations please visit [www.nationalcupcakeday.ca](http://www.nationalcupcakeday.ca).

Please fill out this section if you HAVE NOT registered online

Cupcake Party Host Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

By providing your email address, you are agreeing to be emailed by your chosen society and National Cupcake Day organizer.

Team Name (if applicable): \_\_\_\_\_

If this is a new team, you will be the team captain

I am a youth participant (17 and under):  Yes  No

### EVENT WAIVER

**MUST BE AGREED TO BY EACH PARTICIPANT.** In consideration of National Cupcake Day for SPCAs & Humane Societies, accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the participating societies holding this event, their agents, representatives, successors, assigns and event sponsors for any and all injuries suffered by me or my animal companion at this event, or damage sustained by me or my animal companion as a result of this event, for any cause whatsoever including negligence. I understand that individual events may be photographed and videotaped and hereby give the participating societies rights to these images for future use.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: food allergies, diabetes) should check with his/her physician before participating. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/or injuries incurred during or leading up to the event.

Participation in National Cupcake Day is undertaken at your own initiative and with the full permission, support and appreciation of the participating societies. In the event that the participating societies become aware of any false, incorrect or misleading information, the participating societies may revoke this Authority in its absolute discretion.

All youth participants (17 or under) must have a parent/guardian sign on their behalf. I have read the above waiver in full understanding.

Signed: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

FIRST NAME	LAST NAME	PHONE ( )	E-MAIL	DONATION AMOUNT / TYPE \$ _____
ADDRESS	CITY	PROV	POSTAL CODE	<input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> use host credit card <input type="checkbox"/> tax rcpt. requested <input type="checkbox"/> team gift
CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		
FIRST NAME	LAST NAME	PHONE ( )	E-MAIL	DONATION AMOUNT / TYPE \$ _____
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