Saturday, September 19, 2026 • le samedi 19 septembre 2026
Festival start 10am • ouverture 10 h
#freethespiritfestival

FREETHESPIRITFESTIVAL.CA

FREE THE SPIRIT FESTIVAL

FESTIVAL LIBÈRE L'ESPRIT

Participant: _____ Check one: 2k Walk ☐ 5k Run ☐ Collecting Pledges ☐

Email: _____ Phone #: _____

Are you a Team Captain? Y ☐ N ☐ Team Name: _____

Name: Nom:				Address: Adresse:							
Email: Courriel:				City: Ville:		Postal Code: Code postale:					
Pledge: Promesse de don:		Paid? Payé?	☐	Method of payment: Mode de paiement:	Cash: Espèces:	☐	Cheque: Chèque:	☐			
Credit card #: Nº de carte:		Signature:		Expiry date: Date d'expiration:	____ / ____						

Name: Nom:				Address: Adresse:							
Email: Courriel:				City: Ville:		Postal Code: Code postale:					
Pledge: Promesse de don:		Paid? Payé?	☐	Method of payment: Mode de paiement:	Cash: Espèces:	☐	Cheque: Chèque:	☐			
Credit card #: Nº de carte:		Signature:		Expiry date: Date d'expiration:	____ / ____						

Name: Nom:				Address: Adresse:							
Email: Courriel:				City: Ville:		Postal Code: Code postale:					
Pledge: Promesse de don:		Paid? Payé?	☐	Method of payment: Mode de paiement:	Cash: Espèces:	☐	Cheque: Chèque:	☐			
Credit card #: Nº de carte:		Signature:		Expiry date: Date d'expiration:	____ / ____						

Donor name and address **MUST** be complete and legible in order for St.Amant Foundation to issue a tax receipt for donations of $15 or more. Please make cheques payable to St.Amant Foundation. Accepted credit cards: Visa, MasterCard & American Express. Pledge forms and monies can be submitted to St.Amant Foundation prior to September 20 by contacting Nadine (nhink@stamant.ca / 204-258-7050) or at the event.

St.Amant
Foundation · Fondation

Charitable Registration #: 123526915RR0001

Name: Nom:			Address: Adresse:			
Email: Courriel:			City: Ville:		Postal Code: Code postale:	
Pledge: Promesse de don:	Paid? Payé? ☐		Method of payment: Mode de paiement:	Cash: Espèces: ☐	Cheque: Chèque: ☐	
Credit card #: Nº de carte:		Signature:			Expiry date: Date d'expiration:	____ / ____

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