

TOGETHER *healing* HOMELESSNESS CHALLENGE!

PRESENTED BY



*Last name: _____ *First name: _____
*Address (no, street): _____ *Email: _____
*Postal code: _____ *Telephone number: _____
*Province: _____ *City: _____
*Female/Male: _____ Age: _____

Activity Information

*Name, date and location (address, city, zip code) of challenge:

*This activity is organized by:

- An individual
- A group, association or club (name)
- A company

*Number of participants:

- 1 to 50 participants
- 51 to 100 participants
- More than 100 participants

*Financial goal: _____

*Estimated Revenue: _____

*How will funds be raised?

*How much will your expenses be? _____

*Specify expected expenses:

*Describe in a few lines the nature of your activity (will be posted publicly):

*How did you hear about us? _____

