**STWM registration NOW OPEN! Don’t miss out on your chance to run, as caps fill up quickly!**

**Please fill out ALL section of this form**

**Email** Click here to enter your email.

**Password** Click here to enter your password.

**First Name**  Click here to enter your name.

**Last Name**  Click here to enter your last name.

**Address**  Click here to enter your address.

**City**  Enter your city. **Province** Enter your province.

**Postal Code** Enter postal code. **Phone Number**Enter phone number.

**Birth Date** (Month:Day:Year) **Gender** Choose your gender.

**Distance**  Choose your distance.

**Expected finish time (HH:MM:SS)** Click here to enter time (HH:MM:SS).

**\*To walk with the Immunodeficiency Canada team in the 5km, participates will be enter for a expected finish time of 60 minutes\***

**Emergency Contact –**

**Name** Click here to enter full name.

**Contact number** Click here to enter text.

**Medical Condition(s)**

Click here to enter text.

**Will you be participating with any of the following: (check only if apply)**

Guide Nordic Poles Recreational Wheelchair

**Are you a Scotiabank Employee?** Choose an item.

**Fundraising Goal** Click here to enter your goal.

**Fundraising Page Username**  Click here to enter text.

**Fundraising Page Password** Click here to enter text.

**Size of T-Shirt** Choose a size.

**Yes, I understand there are no refunds under any circumstances for this event**

**Yes, I understand that race shirts are available on a "first come, first served basis.**