

HOW TO JOIN:

STEP 1 – COLLECT DONATIONS

You'll be surprised how quick and easy it is to get donations. If using this pledge page, please collect cash or cheque donations as opposed to 'pledges'

STEP 2 – REGISTRATION

Please pre-register when you pick up this pledge form at your local MSS office, or contact Katrina at 204-786-1616 extension 224 or katrina@mss.mb.ca.

To register on Event Day (September 16), come to the Forks Canopy registration desk at noon and ensure that you have your pledge form with all donors' information completed and all your collected cash and cheques.

STEP 3 – WE WALK, RAIN OR SHINE

Enjoy the festivities for a while, but get ready to start the official 3 km walk at 1 pm.

— Be sure to dress for the weather! —

STEP 4 – THE LAST STEP

You've walked for those living with Schizophrenia and psychosis and had a wonderful time. Follow up on any donations not already collected and bring them to your MSS office no later than October 16, 2017.



100-4 Fort Street
Winnipeg MB R3C 1C4
t: 204-786-1616 ext: 224
e: katrina@mss.mb.ca
w: www.mss.mb.ca



***Together we can
make a difference
as we promote a future with
Hope for people living with
schizophrenia and psychosis.***

WALKER'S WAIVER	
In consideration of your acceptance of this form, I hereby for myself, my heirs, administrators and assigns, waive and release any and all rights and claims for damages I may have against the organizers and any associations connected with this event or city, or municipality in which I may walk, their representatives, successors and assigns for any and all injuries suffered by me while taking part in this walk.	
Name (Please print)	
Signature (If under 18 must be signed by a parent or guardian)	
Signature of Parent or Guardian	

MSS collects the personal information requested on this form for the purpose of communicating information to you about MSS and its fundraising activities. By completing this form, you hereby consent to the collection, use and disclosure by MSS of your personal information in accordance with MSS privacy policy. Questions about your personal information should be directed to our office at (204) 786-1616. Our Privacy Policy is available at our office or on our website: www.mss.mb.ca.

ALL WALK PROCEEDS WILL GO TOWARD:

- * Individual & family support and consultation
- * Advocacy for mental health recovery
- * MSS Programs:
 - ~ 'Hearing Voices' workshops
 - ~ 'Voice Hearers' support groups
 - ~ Family, Peer and Women's support groups
 - ~ 'Name That Feeling' support group for children who have a family member with a mental illness
 - ~ 'Honest, Open, Proud' program. When and how to disclose mental illness
 - ~ 'H.O.P.E.S.' a support program for youth



Follow the
Manitoba Schizophrenia Society



2017

Proceeds support the Manitoba Schizophrenia Society and its free programs and services



SATURDAY

SEPTEMBER 16, 2017

The Forks, Canopy Plaza

Pre-register by contacting Katrina at 204-786-1616, extension 224

or katrina@mss.mb.ca

In-person registration at noon

Walk begins at 1:00 p.m.

Individual registration is \$10 & includes lunch

Thank you Sponsors



TRAVEL WITH US ON OUR ROAD TO RECOVERY

Name _____
 Address _____
 City _____ Province _____ Postal Code _____
 Phone _____ Email _____



Registration Fee: \$10 per person

- I have participated in past MSS Walks.
- I am a new walker. I heard about the JOH Walk through:
 - a. MSS website
 - b. MSS Newsletter
 - c. Information Letter
 - d. Other _____
- I am from a rural region of Manitoba (*funds collected in each region stay in that region*). My region is _____
- I would like to receive the MSS Newsletter "Reasons for Hope"

For Office Use Only

	Registration Fee Paid
_____	Number of Walkers

Name (please print clearly)	Address	Postal Code	Phone	\$ Amount	Method of Payment
					<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
					<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
					<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
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					<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
					<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

The Manitoba Schizophrenia Society Thanks You!

TOTAL COLLECTED