



**Participant Application Form**

<b>Name</b>	<b>Status</b>
	<input type="checkbox"/> MPN Patient <input type="checkbox"/> MPN Caregiver <input type="checkbox"/> MPN Supporter <input type="checkbox"/> MPN Physician

<b>Address</b>	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email Address</b>	<b>Tel # LAN/Mobile</b>		

<b>If you are a patient, what is your diagnosis</b>	<b>Treatment</b>

<b>Are you willing to fundraise a minimum of \$5,000.00 for the CMPNRF in your participation of this event?</b>	<b>As part of your acceptance, are you willing to write a blog post up to and including the HIKE?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>If accepted to participate, are you willing to have your picture and information shared in media coverage?</b>	<b>If accepted as a patient, to participate are you willing to supply a signoff from your physician allowing your participation</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Clothing Size</b>	<b>I am willing to provide my own hiking boots required</b>
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> 1XL <input type="checkbox"/> 2XL	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Tell us why you would like to be selected to participate in the Sole 2 Soul for MPN Adventure**

<b>I acknowledge that if I am selected to participate as a participant of the CMPNRF that I will be engaged in the fundraising and media expectations as set out</b>	
<b>Signature</b>	<b>Date</b>

Our event is based on the “Moving Mountains for Myeloma” program. Please visit this link for an understanding of our program <https://www.youtube.com/watch?v=6I5-dZegNDc>