



An Expedition Race to explore the richness of multicultural diversity in Toronto

Summer Program 2008
BREAKTHROUGH your own
 Boundary



- Tasks:**
- Checkpoints are set up across the GTA with clues & maps provided
 - Points will be awarded to the team with completed task at each checkpoint
 - The team with most points is the City Mosaic Champion

- Rules:**
- Each team is made up of FOUR members
 - Team can only travel via public transit (TTC Day Pass is provided) or on foot

Race Date: May 31, 2008 (SAT) Time: 8:30am - 7pm

Registration Deadline May 14, 2008 (Wed)
Mandatory Meeting May 25, 2008 (Sun) 3:00 – 4:00pm (Team Leader must attend)

Eligible Age 16 & above
Program Fee \$100 per team of 4 (age 19+)
 \$ 60 per team of 4 (age 16-18)
Registration Mail or bring completed registration form along with fee to
 Across U-hub 160 Gibson Drive, Unit 1, Markham ON L3R 3K1
 (Cheque payable to Across U-hub)
Organizer Across U-hub
Inquiry 905-944-1944
Fax 905-944-1950
Email info@acrossuhub.com
Details http://www.acrossuhub.com/citymosaic

Awards:

City Mosaic Champion
 – the team with the highest score

City Mosaic Top Explorer
 – the team visited the most check points

and more...

Registration Form

Note: Team Leader collects all FOUR members' Registration Form and team program fee to Across U-hub, 160 Gibson Drive, Unit 1, Markham ON L3R 3K1.

Refund Policy: There is no refund after May 14, 2008. For written cancellation request received on or before May 14, 2008, full refund less administration charge (\$25 per team) will be returned.

Team Name _____ My Name _____ Gender _____ I am the team leader a team member

Address _____ City _____ Postal Code _____ Phone _____

Date of Birth (MM/DD/YY) _____ Age 16 17 18 19-23 24 & up

Place of Birth _____ Education/Occupation _____

Email _____ Have you ever joined Across U-hub activities before? Yes No

Where did you hear about this event? Booth Church Email Flyer/Poster Friend Newspaper/TV/Radio Facebook

Health card no. _____ Emergency contact person _____ Phone _____

Participant Waiver/Release Agreement

I _____ (name of participant) acknowledge participating at my own risk and I hereby waive liability of any and all claims against Across U-hub, its sponsors and partners for personal injury, death or property damage which may directly result from my participation in the race on May 31, 2008. I acknowledge that my image may be recorded (by video or photograph) during the event. I agree to the use of my name and image in broadcasts, newspapers, brochures, promotional material and other media without compensation.

 Signature of Participant

 Signature of Guardian (if under 18)

 Date

OFFICE USE ONLY:

Received on: _____ Received by: _____ Fee: \$ _____ Cash / Cheque # _____