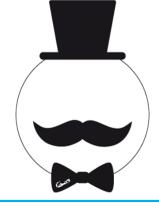
VEMBER.BM MOVEMBER.BM MOVEMBER.BM MO

MOVEMBER/BOWVEMBER 2015 REGISTRATION FORM

Whether this is your first time, or you are a repeat MO Grower, we are honoured that you have chosen to support **Bermuda Cancer and Health Centre (BCHC)**, as we increase awareness of Men's Health in the Bermuda Community. **Your support is important to us!** All funds raised will go towards Men's health outreach programmes like our Men's Health Fair, voucher programme and Equal Access Programme for men.

HOW TO REGIS	TER: 1. Online: Go to Movember.bm OR
	2. Complete this form and submit by email to movember@chc.bm or by hand to BCHO
I am registering as	
☐ Indiv	idual MoBro
I am participating	py:
☐ Grov	ring a Moustache (\$30)
Participant Name:	
Contact Number:	Email Address:
Fundraising Goal:	\$
CONSIDER th	ese 2 easy ways to help increase funds raised this year:
	ECT PLEDGES – ask you coworkers, neighbors, family and friends to sponsor you as you grow you stache or wear your bowtie each day!
	PORATE MATCHING – ask your company if they will match your personal donation/pledges. by agree, please check this box and provide:
Com	pany Name:





*NOTE: It is \$35 to register to wear a bowtie – they are meant for both men and women who would like to participate but are unable/not wanting to grow a moustache. They are to be worn each day during Movember.

