



CANADIAN WHEELCHAIR
 FOUNDATION CHAISE ROULANTE CANADA
 Global Wheelchair Program Partner



MANUAL WHEELCHAIR APPLICATION

Applicant's Last Name: _____

Applicant's First Name: _____

Mailing address: _____

City: _____ Postal Code: _____

Telephone: _____ Cellular: _____

Email: _____

Gender: _____ Age: _____ Height: _____ Weight: _____

Contact Person (if other than applicant): _____

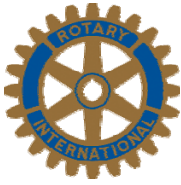
Relationship to the applicant: _____

Telephone: _____ Cellular: _____

Email: _____

Referring agency (if any): _____

Please explain your need for a manual wheelchair:



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I certify that the above information provided by me on this application form is true and complete to the best of my knowledge. I understand that if any of these statements are found to be untrue, this application may be rejected.

I understand that I must be in attendance at the Wheelchair Distribution Event in Edmonton, tentatively scheduled for September 2012 (exact date to be determined) in order to receive my manual wheelchair.

 Applicant's Signature

 Date

I voluntarily give consent to the Canadian Wheelchair Foundation to discuss my situation, as it relates to my application, with the Rotary Club Edmonton Strathcona and any professionals involved. I understand that I may cancel this consent, in writing, at any time. I release the Canadian Wheelchair Foundation and the Rotary Club Edmonton Strathcona, its employees and agents from all claims which may arise as a result of the release of the information described above.

 Applicant's Signature

 Date

To apply, please return you completed application form before April 13, 2012 to:

Canadian Wheelchair Foundation
 PO Box 75038
 White Rock, BC V4B 5L3

Fax: 604-536-9831

Email: cflessner@cdnwheelchair.ca