



**Ice Curling (March 25-26, 2020)
4 PERSON TEAM REGISTRATION FORM**

Instructions:

- ONE ENTRY form per team. Registration fees are non-refundable.
- Send completed form with payment to: Active Aging in Manitoba (AAIM), Wellness Institute at Seven Oaks General Hospital, 1075 Leila Avenue Winnipeg MB R2P 2W7. Please make checks payable to AAIM.
- **Registration Deadline is March 06, 2020**

<input type="checkbox"/> Men's ___ 55+ ___ 65+ <input type="checkbox"/> Women's ___ 55+ ___ 65+ <input type="checkbox"/> Mixed ___ 55+ ___ 65+ Region: _____ Contact's Name & Phone #: _____ Contact's Email: _____	<p align="center"><u>Registration Fee</u> (amount enclosed) Per Team</p> <input type="checkbox"/> \$ 140.00 (\$35/person)	<p align="center">OFFICE USE</p> <input type="checkbox"/> Cash <input type="checkbox"/> Check		
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Name #1 _____ Address _____ Postal Code _____ Phone _____ Email: _____ </td> <td style="width: 40%; text-align: right;"> <input type="checkbox"/> Male <input type="checkbox"/> Female <u>Birthdate</u> M ___/D ___/Y ___ </td> </tr> </table>			Name #1 _____ Address _____ Postal Code _____ Phone _____ Email: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <u>Birthdate</u> M ___/D ___/Y ___
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<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Name #3 _____ Address _____ Postal Code _____ Phone _____ Email: _____ </td> <td style="width: 40%; text-align: right;"> <input type="checkbox"/> Male <input type="checkbox"/> Female <u>Birthdate</u> M ___/D ___/Y ___ </td> </tr> </table>			Name #3 _____ Address _____ Postal Code _____ Phone _____ Email: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <u>Birthdate</u> M ___/D ___/Y ___
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