

SKILL DEVELOPMENT SERIES

REGISTRATION FORM CURLMANITOBA

Name:		
Address:		
City:	Prov:	Postal Code:
Birthdate:		Male/Female
Phone:	Email:	

PLEASE PROVIDE YOUR POSITION: _____

Region

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Eastman | <input type="checkbox"/> Westman |
| <input type="checkbox"/> Central | <input type="checkbox"/> Norman |
| <input type="checkbox"/> Parkland | <input type="checkbox"/> Interlake |
| <input type="checkbox"/> Winnipeg | |

Cost **\$30.00 per curler**

Course Date _____

Course Location _____

Cash MasterCard Visa or Cheque (payable to CurlManitoba, not postdated)
must accompany your registration form.

Credit Card # _____

Expiry Date _____

Please remit cheque or cash to: CurlManitoba
145 Pacific Ave
Winnipeg, MB R3B 2Z6
Fax (204) 925-5720