



PARTICIPANT REGISTRATION & MEMBERSHIP FORM

MAIL, EMAIL OR FAX TO:

#305, 11010 101 Street, Edmonton, Alberta T5H 4B9

Phone: 780-439-8687 / fax: 780-432-0486 / email: info@parasports.net

NAME (S): _____

AGE CATEGORY (principal member)

Date of Birth: _____

___ under 18 years

___ 18-25 years

___ 26-40 years

___ 41-55 years

___ over 55 years

ADDRESS & POSTAL CODE: _____

TELEPHONE (Res): _____

(Cell): _____

EMAIL: _____ (note: PSA sends correspondence by email)

☐ I CONSENT to receiving email correspondence from the Paralympic Sports Association (PSA)

☐ I DO NOT CONSENT to receiving email correspondence from the Paralympic Sports Association (PSA)

DO YOU HAVE A DISABILITY? _____ IF YES, PLEASE SPECIFY THE NATURE OF YOUR DISABILITY: _____

I AM REGISTERING FOR THE FOLLOWING PROGRAMS:

1. _____ Bingos: _____ Fees: _____

2. _____ Bingos: _____ Fees: _____

3. _____ Bingos: _____ Fees: _____

MEMBERSHIP CATEGORIES:

☐ INDIVIDUAL MEMBERSHIP \$20.00

Fees: _____

☐ FAMILY MEMBERSHIP \$40.00
(PLEASE LIST ALL NAMES ABOVE)

Fees: _____

TOTAL INCLUDING MEMBERSHIP

Bingos: _____ Fees: _____

WHAT OTHER PROGRAMS WOULD YOU LIKE TO SEE AT PSA? _____

HOW DID YOU FIND OUT/ HEAR ABOUT PSA? _____

SIGNATURE _____ DATE _____