

LOVE BOWL REGISTRATION

February 13th, 2010 at Thorncliffe Bowlerama 1pm-5pm.

PART 1: SIGN UP!

first name last name

street address

city postal code province

home telephone work / cell telephone

e-mail address

employer (optional)

Do you wish to play 10 or 5 pin bowling?

- 10 pin
 5 pin

Do you require us to rent bowling shoes for you? Please note that we are happy to provide you with bowling shoes at no cost to you.

- Yes (please indicate your size below)
 No, thank you

Bowling shoe size:
Please check the size you would like.

Women's:
 4 5 6 7 8 9 10 11 12

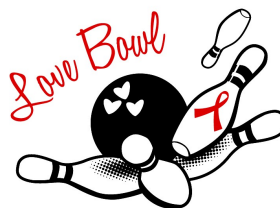
Men's:
 6 7 8 9 10 11 12 13 14

Teams:
*** teams are full at 5 people

I request to be on _____ team.

I would like to be a team captain. My team name will be: _____.

I wish to register as an individual. Please assign me to a team.



PART 2: Agreement

In order to ensure the success of the event and in the interest of personal safety for all participants, we require that all Bowlers understand and agree to the following conditions by checking them off:

- I commit to raising a minimum of: \$100 in pledges for the Toronto People With AIDS Foundation in order to participate in the 2010 LOVE BOWL
- I am at least 18 years of age.

I, _____ (print name),
have read and understood these guidelines and will adhere to them.

signature

date

PART 3: Payment

Please mail this form with payment to:
PWA 200 Gerrard St East, 2nd floor Toronto, ON M5A 2E6

Or fax with credit card info to: 416-506-1404

REGISTRATION PAYMENT

Registration fee \$ _____ (\$20 fee)

- Cash
 Cheque payable to: Toronto People With AIDS Foundation
 VISA Mastercard American Express

credit card number _____ expiry (mm/yy)

signature for credit card authorization

STAFF USE ONLY:

- Cash/Cheque Received Receipt Issued