

## registration form

### Main Contact

Adult / Parent / Guardian – Last Name		First Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Street Address		City <input type="checkbox"/> Winnipeg OR		Postal Code	
Home Phone		Alternate Phone		Email Address	
Medical Information – Is there any medical or special needs information that you would like us to know? (Indicate participant)					

### Participant / Course Information

<b>Participant # 1</b>	Last Name	First Name		Birthdate DD/MM/YYYY Y Y		Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Register for one of the following <input type="checkbox"/> OR all of the following <input type="checkbox"/>							
1 <sup>st</sup> Choice	Course Code	Course Name			Start Date		
	Day	Time(s)	Location		Fee		
2 <sup>nd</sup> Choice	Course Code	Course Name			Start Date		
	Day	Time(s)	Location		Fee		

<b>Participant # 2</b>	Last Name	First Name		Birthdate DD/MM/YYYY Y Y		Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Register for one of the following <input type="checkbox"/> OR all of the following <input type="checkbox"/>							
1 <sup>st</sup> Choice	Course Code	Course Name			Start Date		
	Day	Time(s)	Location		Fee		
2 <sup>nd</sup> Choice	Course Code	Course Name			Start Date		
	Day	Time(s)	Location		Fee		

### Method of Payment – Non-residents: add 20% to total amount

Cheques - Payable to "City of Winnipeg" (We recommend separate cheques per course)	* No post-dated cheques please *	Total Amount:
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Visa / MasterCard / American Express Car Number: _____ Expiry date: _____	Total Amount:
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### To register

Mail completed form to : Registration , 1-395 Main Street, Winnipeg, MB, R3B 3N8