



Windsor Comm Centre Program Registration Form

99 Springside Drive, Winnipeg, Manitoba R2M 5A7 Phone: 233-0648 wclub1@mymts.net

Program: _____

Participant Information:

Surname: Given Name: Male / Female

Birthdate:(if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Address: Postal Code: Home Phone Number:

Email:

Does the participant have allergies? Yes / No If Yes, Please Specify

Parent / Guardian: (if applicable) Phone #:

Emergency Contact: Phone #:

Dated:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Please Print Name

Office Use

Program Fee \$ _____

Cash / Cheque # _____

Total \$ _____