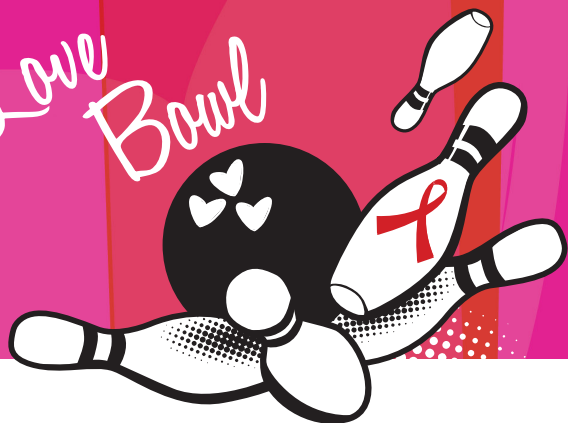


Love Bowl



Registration

Saturday, February 4, 2012

Bowlerama West

1:00 to 5:00pm



First Name:	Last Name:
Street Address:	City:
Province	Postal Code:
Home Phone:	Work/Cell Phone:
E-mail Address:	<input type="checkbox"/> I do not give PWA permission to contact me <input type="checkbox"/> I would not like to receive the PWA monthly e-news

Do you require us to rent bowling shoes for you? Please note bowling shoes are included in your \$25 registration fee.

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

Bowling shoe size:

Women's:

4 5 6 7 8 9 10 11 12

Men's:

6 7 8 9 10 11 12 13 14

I will be participating as:

- Individual - Please assign me to a team.
- Team Captain (Teams are full at 5 people)
- Team Member

Team Name:

In order to participate in Love Bowl 2012, I agree to the following:

- I agree to pay a \$25 registration fee
- I commit to fundraising a minimum of \$100
- I am at least 19 years of age.

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

**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 \$ _____ (\$25 fee)

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

credit card number expiry (mm/yy)

STAFF USE ONLY:

- Cash/Cheque Received Receipt Issued

signature for credit card authorization