



PARALYMPIC SPORTS ASSOCIATION WINTER PROGRAM REGISTRATION

(Please mail, email, or fax this form to the PSA office)

Name (s): _____

DOB of Participant: _____

Address: _____

City: _____ Postal Code: _____

Phone: (Res) _____ (Cell) _____

E-mail: _____

Parent/Guardian: _____

I AM REGISTERING FOR THE FOLLOWING PROGRAMS:

_____ Bingos: _____ Fees: _____

_____ Bingos: _____ Fees: _____

_____ Bingos: _____ Fees: _____

Membership Fees: _____ Single or Family: _____

TOTAL INCLUDED _____ **Bingos:** _____ **Fees:** _____

Note: Due to an increase in facility rental costs and other program costs, registration fees for some programs MAY have increased. Members are still able to volunteer for Bingos to cover registration fees and payment plans can be arranged. Please contact PSA for more information.

REGISTRATION DEADLINE IS SEPTEMBER 15th
(Will take registrations until program is full)

All programs require a valid membership.

After determining which programs interest you, register by mail, **email**, or **fax (780) 432 - 0486** to the PSA office. Once you have registered, program information will be mailed or emailed to you prior to the start date indicated. Please send registration fees to the PSA office

Paralympic Sports Association
10024 – 79 Ave
Edmonton, Alberta T6E 1R5
Email: info@parasports.net

Thank you and see you at the PSA PROGRAMS!