

PROGRAM REGISTRATION FORM

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

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (Res) _____ (Bus) _____

I AM REGISTERING FOR THE FOLLOWING PROGRAMS:

1. _____ Bingos: _____ Fee: _____

2. _____ Bingos: _____ Fee: _____

3. _____ Bingos: _____ Fee: _____

4. _____ Bingos: _____ Fee: _____

TOTAL INCLUDED: Bingos: _____ Fees: _____

** Note, All Program require a Valid Membership**

After determining which programs interest you, register by mail or phone to the PSA office **BEFORE THE SPECIFIED DEADLINE**. Once you have registered, program information will be mailed to you prior to the start date indicated. Registration fees not sent to the office will be collected the first week of programs.

Thank you for you cooperation!