

2018 FALL & WINTER MASS REGISTRATION NIGHT

PARTICIPATION FORM

Organization/Club: _____

Address: _____ **Postal Code:** _____

Telephone Number: _____ (Business) _____ (Cell)

Contact Person:

Email Address:

Please check mark:

Yes we will be in attendance: _____

OR

Please include us in the brochure, however we will not be in attendance: _____

Please provide a brief overview of your organizations activities that you want listed in the brochure:

RETURN TO: Leisure Services Director
Town of Canora
Box 717
Canora, Sk
S0A 0L0
Fax: 563-4336
Email: leisure.canora@sasktel.net