

**Heart & Stroke Super Fit Event
Putt out Heart Disease!!!
August 11th to 13th 2010**



NAME: _____ GENDER: M F

ADDRESS: _____ CITY: _____

PROVINCE: _____

POSTAL CODE: _____ TEL (HOME): _____ E-MAIL: _____

AGE CATEGORY: 14 -20 21-30 31- 40 41-50 51- 60 61+

T-SHIRT SIZE: SMALL MEDIUM LARGE X-LARGE XX-LARGE

EVENT FUNDRAISING GOAL: \$10 000 MY FUNDRAISING GOAL: \$ _____

Individual or Organization: _____

Team members: 1. _____

2. _____

3. _____

4. _____

Preferred event day: Wednesday August 11th, 2010
 Thursday August 12th, 2010
 Friday August 13th, 2010 Day Evening

Event registration fees = \$25/person \$100/team of 4 participants

Method of Payment: Visa MC (Debit Cash – onsite option only)

Card # _____ Exp _____ 3or 4 digit pin # _____

Name on credit card: _____

Please fax back to 613-592-2930 OR e-mail back to: shauns@aputtabove.ca