

Registration for 2011 - 2012 POWER
Step 1: Page 1b of 1

REGISTRANT INFORMATION: #3

Last Name: _____ First Name: _____ Initial: _____

Address: _____ Postal Code: _____

Alberta Health Care #: _____ Birthdate: _____ / _____ / _____
DD MM YYYY

Please circle correct information:

Gender: Female / Male

REGISTRANT INFORMATION: #4

Last Name: _____ First Name: _____ Initial: _____

Address: _____ Postal Code: _____

Alberta Health Care #: _____ Birthdate: _____ / _____ / _____
DD MM YYYY

Please circle correct information:

Gender: Female / Male

REGISTRANT INFORMATION: #5

Last Name: _____ First Name: _____ Initial: _____

Address: _____ Postal Code: _____

Alberta Health Care #: _____ Birthdate: _____ / _____ / _____
DD MM YYYY

Please circle correct information:

Gender: Female / Male

REGISTRANT INFORMATION: #6

Last Name: _____ First Name: _____ Initial: _____

Address: _____ Postal Code: _____

Alberta Health Care #: _____ Birthdate: _____ / _____ / _____
DD MM YYYY

Please circle correct information:

Gender: Female / Male

Please attach a separate program sheet (Step 2) for each registrant. Thank you.