



Pembina Active Living (55+)

Program Registration Form

Office Only
____ Year
____ Fall
____ Winter
____ Spring
____ Summer

Name - _____
(Last) (First)

PAL (55+) Member #: _____ E-mail: _____

Primary Phone: _____ 2nd Phone: _____

Program Name List All Classes + Drop-Ins	Program Location	Start Date	Day of Week	Cost
e-Transfer - treasurer@pal55plus.com () Cash () Cheque - payable to Pembina Active Living (55+) ()			Total Cost:	

- Program Cancellation:** PAL (55+) reserves the right to cancel, change, or alter any Program due to insufficient registration or any other unforeseen circumstance.
- Fees Refund:** PAL refund policies are listed on the PAL (55+) website.
- DISCLAIMER:** I will hold harmless PAL (55+) and its representatives against any and all claim(s) for damages or injuries known or unknown arising out of, or in connection with, the activities of any, or all, of PAL (55+) Programs.
- Please inform Instructor of any existing medical condition that may affect your participation in program.

Signature of Participant
(no signature required if submitted by email)

Date

R.P.O. Box 34056, Winnipeg, MB R3T 5T5 204-946-0839
email form to **office@pal55plus.com**