



PAM Golf Registration Form

One Registration per foursome please

Team Name _____

Team Contact _____

Mailing address _____

City/Province/Postal Code _____

Phone _____ Email _____

Our Foursome consists of (Names)

1. _____ Phone# _____

2. _____ Phone# _____

3. _____ Phone# _____

4. _____ Phone# _____

Payment and Registration

Made by May 15th - \$480.00 per group (\$120.00 per individual)

May 16th -- \$600.00 per group (\$150.00 per individual)

Registration will not be accepted without payment

Paramedic Association of Manitoba

c/o Diane Findlay

Box 190 Grp. 327 RR3 Selkirk, Mb, R1A 2A8

Please make cheques payable to : Paramedic Association of Manitoba