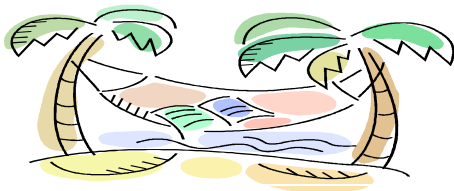
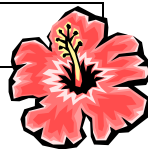


SATURDAY, FEBRUARY 02, 2008



29TH ANNUAL HEART AND STROKE KELOWNA CURLATHON



Collect Pledges Online @ www.heartandstroke.ca/fit or pick up pledge forms at the Kelowna Heart&Stroke Office

Team Name: _____

Team Captain: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Email: _____

Team Member 2: _____ Phone No. _____

Team Member 3: _____ Phone No. _____

Team Member 4: _____ Phone No. _____

\$20.00 per person for ice time, lunch and entertainment: _____ X \$20 = _____

Extra lunch tickets for non curling guest : _____ X \$15 = _____

TOTAL

Payment Type: Cash Cheque Credit Card: Visa MC AMEX

Card #: _____ Expiry: _____ Signature: _____

Return Registration Form to:
 Heart & Stroke Foundation of B.C. & Yukon
 #4—1551 Sutherland Avenue
 Kelowna, B.C. V1Y 9M9
 P 250.860.6275
 F 250.860.8790
 E events_kel@hsf.bc.ca

Office Use Only:
 Date Received: _____

Team #: _____

Payment Received _____

