



Presents...



The OFFICIAL Sole Sisters 2010 Registration Form

Name: _____

Address including postal code: _____

Phone Numbers: _____

Email Address: _____ Shirt Size: _____

In case of emergency please contact:

Name: _____ Phone numbers: _____

Basic Registration Fee: \$115 each (total cost – GST is included)

Referral Perk:

Did you refer a 'Sister'? Please list the name(s) on the lines below of 'sisters' that you have recruited into this program. \$5 will be deducted for the first three names and with the 4th name you will also receive a Sole Sisters run hat or run socks – your pick!

Thank you!

_____ (\$5)

_____ (\$5)

_____ (\$5)

_____ Sole Sister Run Hat or socks for YOU!

(please circle)

What you referred more than four? Of course you deserve a perk... Please list the names and I will take it from there...

Total Owing: _____ CASH or CHQ (please circle)

Please make cheques payable to Mena Westhaver.

How do I get my registration to you?

You can mail or drop off to me your complete registration package to:
1040 Tulip Avenue, Victoria, B.C., V8Z 2P9. Your registration should include:

- Your official registration form
- Your completed and signed PAR Q form
- Your payment

Registration will be limited. If space permits, I will have someone taking registrations on the first clinic night (January 26th) however, if you are able to have your registration form to me by Friday, January 22nd that would be greatly appreciated. This will help us to be best prepared for each of you and I can begin communicating with you asap! Due to safety reasons, I do not encourage late registrations into the clinic.

** For statistical purposes ONLY... I would love for you to complete the following section BUT it is at your own will that you do. Your choice.

Please circle the age group that you fall into:

16-19 year 20-24 years 25-29 years 30-34 years 35-39 years 40-44 years

45-49 years 50-54 years 55-59 years 60-64 years 65-69 year 70-74 years

Better than 75 years!

Do you participate in any physical activity right now? YES NO

If yes, how many times a week do you exercise and in what activities do you recreate?

What do you hope to accomplish from participating in this clinic?

Specifically in regards to the 10k distance... what is your goal? Please check as many of the following that apply to you.

I want to walk the 10K _____

I want to run/walk the 10K _____

I want to run the 10K _____

My current PB (personal best) time is _____ and I want to try to complete the distance in _____ minutes.

I want to improve my overall health and fitness level _____

I want to meet new friends and participate in a healthy activity _____

Any other reason why you are here?

Thank you for your time! Enjoy YOUR clinic!