



# TEAM REGISTRATION FORM

The Student Medical Society of Saskatchewan  
is proud to present



Registration and payment **MUST BE RECEIVED BY AUGUST 25, 2018** to ensure team name on shirts.  
**PLEASE MAKE ALL CHEQUES PAYABLE TO "Student Medical Society of Saskatchewan"**

TEAM NAME FOR SHIRTS \_\_\_\_\_

NAME OF COMPANY/SCHOOL/ORGANIZATION \_\_\_\_\_

TEAM CAPTAIN INFO: NAME \_\_\_\_\_ GENDER: M  F

ADDRESS \_\_\_\_\_ TOWN or CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-MAIL ADDRESS\* \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

\* Your e-mail information will be used to provide you with periodic updates and information about Miles for Smiles. It will be not distributed or shared with other third parties.

**WE'RE PARTICIPATING IN:**

2.5 km (\$18)

5 km (\$28)

10 km (\$38)

First Name	Last Name	Gender	Date of Birth	Shirt Size
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /	
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /	
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /	
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /	
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /	
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /	
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /	
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /	
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /	
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /	

Please send completed forms & payment to:  
ATTN: Miles for Smiles,  
Student Medical Society of Saskatchewan  
College of Medicine  
University of Saskatchewan  
B526 Health Sciences Building  
107 Wiggins Road  
Saskatoon, SK, S7N 5E5

Race packages can be picked up on September 6th.

**DEADLINE FOR TEAMS: AUGUST 25, 2018**

**(to ensure a team name on shirts)**

Cash  Cheque

Total payment:  
\$ \_\_\_\_\_

