

KEEP IT MOVING Day

October 15th, 2008

Registration Form

Name of group, business, school, family, etc: _____

Contact Person: _____

Mailing Address: _____

Daytime phone number: _____

Email: _____

What physical activity (or activities) are you going to do on *KEEP IT MOVING Day*?

Location of activity: _____

Duration (estimated start and end time): _____

Approximate number of people participating: _____

Age range of participants: _____

Submit this form to Adam Dedrick, Physical Activity & Community School Coordinator

By Fax: 875-4909

Mail: P.O. Box 699, Shelburne, NS B0T 1W0

