

SVGMA & Friends
“Tugging against Prostate Cancer”
REGISTRATION 2017

Team Name: _____
(Please print the name of the Company/ Organization/ Club / Group or School being represented)

Team Leader: _____

Telephone Contact: _____

Email: _____

VENUE: **Victoria Park**

Date of Event: **30th September 2017**

Time: **4 PM** (Teams should be assembled at the Victoria Park by 3:30PM)

Registration Date: _____

Payment Date: _____

Contribution: _____

Please return this form by email to SVGMAtreasurer@gmail.com or please deliver completed form to the Caribbean Medical Imaging Center at Stoney Ground.