



Saskatchewan Athletics
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REGISTERED ACTIVITY FORM
TO BE COMPLETED & RETURNED
AT LEAST 2 MONTHS PRIOR TO THE EVENT

Name of Group _____

Contact _____ SA# _____

Phone/Cell phone _____

Email address _____

Location _____

Start date _____ End date _____

Upon acceptance of this event, I agree to abide by the rules and procedures of
Saskatchewan Athletics and Athletics Canada.

Contact Signature