



**Manitoba Organization of Disc Sports**

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**PLEASE COMPLETE ALL FIELDS & EMIAL BACK TO**

bsddirector@mods.mb.ca

HOST NAME (SCHOOL/GROUP):

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CONTACT NAME:

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CONTACT EMAIL:

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DIRECT NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

REQUESTED DATE(S): \_\_\_\_\_ ALTERNATE DATE: \_\_\_\_\_

VENUE NAME: \_\_\_\_\_

VENUE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOURS: \_\_\_\_\_ INSIDE CLINIC: \_\_\_\_\_ OUTSIDE CLINIC: \_\_\_\_\_

AGE GROUP: \_\_\_\_\_ GRADE(S): \_\_\_\_\_

GENDER: \_\_\_\_\_ # OF PARTICIPANTS: \_\_\_\_\_ # OF HELPERS: \_\_\_\_\_

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**OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_ CONFIRMED DATE: \_\_\_\_\_

INSTRUCTOR(S) ASSIGNED:

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EQUIPMENT PROVIDED: \_\_\_\_\_ RETURNED: \_\_\_\_\_

FEE PAID: \_\_\_\_\_ CASH: \_\_\_\_\_ CHEQUE #: \_\_\_\_\_ CARD: \_\_\_\_\_

TOTAL NUMBER OF PARTICIPANTS: \_\_\_\_\_ MEMBER: \_\_\_\_\_ NON-MEMBER: \_\_\_\_\_