



Functional Testing RSVP

Name: _____ Birthdate: _____

Local: _____

Contact Name & Email: _____

Which Functional Testing would you like to attend?

Region 1 – Castlegar
Region 1 – Cranbrook
Region 2 – Kelowna

Region 3/4/5 - Chilliwack
Region 6 - Victoria
Region 7/8 – Prince George

Please choose a timeslot (1 being your first choice, and 4 being your last)

9:00AM – 11:00AM

11:00AM – 1:00PM

1:30PM – 3:30PM

Are you interested in taking part in the research study? (Takes no more than 20 minutes, included in the time slot above).

Yes

No

Please send to Morgan Hunter: mhunter@specialolympics.bc.ca