

## CARETAKING PHYSICAL FITNESS TEST

### APPOINTMENT INFORMATION

I'm taking the test for the following organization:

- University of Manitoba Physical Plant (1st test fee, N/A)       Other
- Action Marguerite (1st test fee, N/A)

1ST CHOICE: Date/Time \_\_\_\_\_ 2ND CHOICE: Date/Time \_\_\_\_\_

#### U OF M USE ONLY

FORMS: Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ Data Entered by \_\_\_\_\_

Registration       Release & Indemnity       PAR-Q

PAYMENT Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Processed by \_\_\_\_\_

TEST DATE \_\_\_\_\_ TEST TIME \_\_\_\_\_ Phone Confirmation By \_\_\_\_\_ Date \_\_\_\_\_