



Caring
for First
Nations
Children
Society

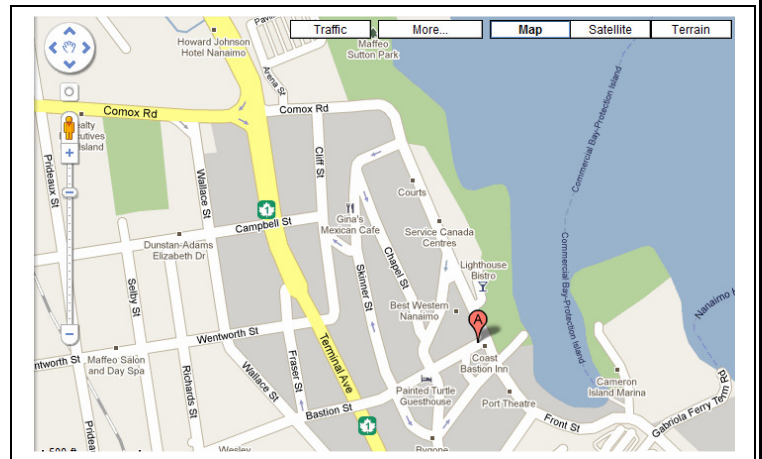
Application for Registration

Youth Agreements Training April 20 & 21 2010 (Nanaimo)

Please respond to the questions in the registration and
fax completed form to our office.

Date: April 20 & 21 2010
8:30 – 4:30

Location: Coast Bastion Inn
(Chemainus Room)
11 Bastion Street
Nanaimo, BC
V9R 6E4
Phone: (250) 753-2977



Please fax to:

**Carol McFadden
Caring for First Nations Children Society
(250) 391-0002**

**If you have any questions, please contact
Carol McFadden at (250) 391-0007 ext 233**

***PLEASE RETURN REGISTRATION FORM TO OUR OFFICE
BY April 5, 2010.***

Thank you.



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Application for Registration Form

Please fill out the following form. Please type or print.

1. Please register me for: Youth Agreements Training Nanaimo

2. Personal & Aboriginal Agency Information:

Name (last, first, middle initial): _____

Emergency Contact Person: _____

Emergency Contact Telephone number: _____

Aboriginal Child & Family Service Agency:

Mailing Address of Agency: _____

Phone: _____ Fax: _____

Contact Person at Agency: _____

Participant Email Address: _____

Level of Delegation: _____

3. Program information:

Do you have any special requirements for classroom learning?

If yes, please describe: _____

Do you have any medical conditions that we need to be aware of?

Example: Allergies, food, etc.

If yes, please describe: _____

I certify that all of the information in this application is true and complete.

Signature: _____ Date: _____