



Caring  
for First  
Nations  
Children  
Society

# Application for Registration

## Youth Agreements Training April 6-7 2010 (Vancouver)

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

**Date:** April 6-7 2010  
8:30 – 4:30

**Location:** Best Western Abercorn Inn  
9260 Bridgeport Road  
Richmond BC V6X 1S1

Phone: (604) 270-7576  
Fax: (604) 270-0001

[http://maps.google.ca/maps?rls=com.microsoft:en-us:IE-SearchBox&oe=UTF-8&sourceid=ie7&rlz=117ADRA\\_en&redir\\_esc=&um=1&ie=UTF-8&q=abercorn+inn&fb=1&gl=ca&hq=abercorn+inn&hnear=Richmond,+BC&cid=0,0,1458556128,4427970946&ei=RaONS\\_qSHZGksqO-u92dCA&sa=X&oi=local\\_result&ct=image&resnum=1&ved=0CAoQnwlwAA](http://maps.google.ca/maps?rls=com.microsoft:en-us:IE-SearchBox&oe=UTF-8&sourceid=ie7&rlz=117ADRA_en&redir_esc=&um=1&ie=UTF-8&q=abercorn+inn&fb=1&gl=ca&hq=abercorn+inn&hnear=Richmond,+BC&cid=0,0,1458556128,4427970946&ei=RaONS_qSHZGksqO-u92dCA&sa=X&oi=local_result&ct=image&resnum=1&ved=0CAoQnwlwAA)

**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 March 26, 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 Vancouver

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: \_\_\_\_\_