



REGISTRATION FORM

(Please fill out and return to the In-Service Coordinator)

Section 1: Activity Information

Title: _____ Date: _____

Time: _____ Tel: _____ Activity Site: _____

Address of Activity: _____
Civic No. Street Name City Province Postal Code

Animator: _____

Description: _____

Host School Board: _____

Contact Person: _____ Tel: _____ Fax: _____

Section 2: Participants Information

ORDER OF PRIORITY

1. First & Last Name: _____ **Position:** _____

Language of Instruction: English French Work Phone #: _____ Home Phone #: _____

Requesting compensation for: Substitution (Yes No) - Travel (Yes No) - Meals (Yes No)

2. First & Last Name: _____ **Position:** _____

Language of Instruction: English French Work Phone #: _____ Home Phone #: _____

Requesting compensation for: Substitution (Yes No) - Travel (Yes No) - Meals (Yes No)

3. First & Last Name: _____ **Position:** _____

Language of Instruction: English French Work Phone #: _____ Home Phone #: _____

Requesting compensation for: Substitution (Yes No) - Travel (Yes No) - Meals (Yes No)

4. First & Last Name: _____ **Position:** _____

Language of Instruction: English French Work Phone #: _____ Home Phone #: _____

Requesting compensation for: Substitution (Yes No) - Travel (Yes No) - Meals (Yes No)

5. First & Last Name: _____ **Position:** _____

Language of Instruction: English French Work Phone #: _____ Home Phone #: _____

Requesting compensation for: Substitution (Yes No) - Travel (Yes No) - Meals (Yes No)

Persons hereby registered have the prerequisites required to participate in the session. We agree to release them for the full length of the session.

School Board: _____ Name of Centre: _____

Name of Centre Principal / Director: _____ Date _____
(please print)

Signature of Centre Principal / Director

Telephone Number

Return to: In-service Coordinator - Shelley Smythe
Fax: (450) 829-2398 - Email: ssmythe@nfsb.qc.ca - 46 rue Roy Ormstown, QC J0S 1K0