

Participant Registration Form

Section 1: Activity Information

Title: _____ Date: _____

Time: _____ Activity Site: _____ Tel: _____

Animator: _____

Description: _____

Host School Board: _____

Contact Person: _____ Tel: _____ Fax: _____

Section 2: Participants Information

1. First & Last Name: _____	Position: _____
Language of Instruction: English French Work Phone #: _____	Home Phone #: _____
2. First & Last Name: _____	Position: _____
Language of Instruction: English French Work Phone #: _____	Home Phone #: _____
3. First & Last Name: _____	Position: _____
Language of Instruction: English French Work Phone #: _____	Home Phone #: _____
4. First & Last Name: _____	Position: _____
Language of Instruction: English French Work Phone #: _____	Home Phone #: _____
5. First & Last Name: _____	Position: _____
Language of Instruction: English French Work Phone #: _____	Home Phone #: _____

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

Signature

Date

Centre Principal / Director

Telephone Number

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

ORDER OF PRIORITY