

# 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

<b>1. First &amp; Last Name:</b> _____	<b>Position:</b> _____
Language of Instruction:      English      French      Work Phone #: _____	Home Phone #: _____
<b>2. First &amp; Last Name:</b> _____	<b>Position:</b> _____
Language of Instruction:      English      French      Work Phone #: _____	Home Phone #: _____
<b>3. First &amp; Last Name:</b> _____	<b>Position:</b> _____
Language of Instruction:      English      French      Work Phone #: _____	Home Phone #: _____
<b>4. First &amp; Last Name:</b> _____	<b>Position:</b> _____
Language of Instruction:      English      French      Work Phone #: _____	Home Phone #: _____
<b>5. First &amp; Last Name:</b> _____	<b>Position:</b> _____
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