

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. Stree Name City Province Postal Code

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 #:** _____

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