

ILRCC REGISTRATION FORM 2017

PLEASE PRINT

**COMPLETED FORMS AND FEE PAYMENT TO BE RETURNED TO #134, 3359 27 STREET NE
CALGARY AB T1Y 5E4 OFFICE HOURS MONDAY TO FRIDAY 830 A.M.-4:00 P.M.**

PHONE: 403-263-6880. Fax 403-263-6811. Email learn@ilrcc.ab.ca

PROGRAM :	Winter/Spring/Summer/Fall/Christmas (CIRCLE ONE)
PARTICIPANT NAME:	
ADDRESS:	
PHONE OR EMAIL	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT PHONE:	
SUPPORT WORKER:	
SUPPORT WORKER EMAIL/PHONE	
ACCESS #	

PROGRAM NAME	DAY	TIME	PROGRAM FEE	PRE PAID ADMISSION
TOTAL			\$	\$
Payment By:				
Visa or Mastercard	\$	Name on Card	Card Number: _____	
			Expiry Date: ____/____(Month/Year)	
Cash	\$			
Cheque	\$			

PHOTO CONSENT (OPTIONAL)

The undersigned does hereby authorize the Independent Living Resource Centre of Calgary (ILRCC) and/or its associates, assistants, or subcontractors to photograph / film during programs.

PARTICIPANT/TRUSTEE/GUARDIAN

Signature

Date

The undersigned authorizes ILRCC to permit the use and display of said photographs in any publication, multimedia production, display, advertisement or World-Wide Web Publication. Permission may be revoked at any time in writing.