

ILRCC REGISTRATION FORM 2019

PLEASE PRINT

COMPLETED FORMS AND FEE PAYMENT TO BE RETURNED TO #134, 3359 27 STREET NE CALGARY AB T1Y 5E4

OFFICE HOURS Monday to Thursday 8:30 a.m. - 3:00 p.m., Friday 8:30 a.m. – 1:00 p.m.

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

PROGRAM :	Winter/Spring/Summer/Fall (CIRCLE ONE)
PARTICIPANT NAME:	
ADDRESS:	
PHONE	
EMAIL	
ACCESS #	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT PHONE:	
SUPPORT WORKER:	
SUPPORT WORKER EMAIL/PHONE	
List any Sensitivities (light, sound, etc.), Dietary Restrictions, Mobility Issues, Other information helpful for staff to know	

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)

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