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 9:30 a.m. - 3:00 p.m., Friday 9:30 a.m. – 1:00 p.m.

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

PROGRAM :	Fall
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)

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.