**ILRCC REGISTRATION FORM 2020**

**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. - 12:00 p.m.**

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

|  |  |
| --- | --- |
| PROGRAM : | Winter |
| 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 | Address of Cardholder | Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry Date: CVV:\_\_\_\_/\_\_\_\_(Month/Year) \_\_\_\_\_\_\_\_ |
| Cash | $ | Cheque | $ |
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