

Mail separate registration form and cheque (payable to G.G.C. – Lougheed Area) to your Training Representative.

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TRAINING REGISTRATION FORM

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Name _____

Name _____

Phone # _____

Phone # _____

Fax # _____

Fax # _____

Work # _____

Work # _____

E-mail _____

E-mail _____

Address _____

Address _____

City _____ Postal Code _____

City _____ Postal Code _____

District _____

District _____

Positions in Guiding How long?

Positions in Guiding How long?

Current level _____

Current level _____

Previous Levels _____

Previous Levels _____

Allergies/Dietary Concerns: YES or NO

Allergies/Dietary Concerns: YES or NO

Explain: _____

Explain: _____

Are there any particular topics/issues that you would like addressed at this training?

Are there any particular topics/issues that you would like addressed at this training?

Explain: _____

Explain: _____

Do you have a medical condition/concern that the First Aider should be aware of?

Do you have a medical condition/concern that the First Aider should be aware of?

Explain: _____

Explain: _____

First Aid expiry date _____

First Aid expiry date _____

Training & date you want to register for:

Training & date you want to register for:

First Aid expiry date _____

First Aid expiry date _____

For CAMP training registration only:

For CAMP training registration only:

of Guiding camps attended: _____

of Guiding camps attended: _____