

Special People's Assembly Registration Form

Sunday, February 19 2017

Names of adults (18+) in your party:		1)		
2)		3)		
4)		5)		
Which location will you be attending?				
Port Alberni Anacla Nanaimo Victoria Vancouver				
Address:				
City:	Province:		Postal Code:	
Home Phone:	Cell Phone:		Alternate Phone:	
Email:				
We will be providing child care services at the conference. If you are registering your children, please provide the first name(s) and age(s):				
Name	Age	Name		Age
1)				
3)] 4)		
5)		6)		
Do you have any food allergies?				
Yes No If "Yes," please list allergens:				

Please complete the registration form and return it via email to Kathy Waddell (kathy.w@huuayaht.org) or fax it to 250.723.4646.