



# Residential School Healing Gathering 2018

July 31 to August 3, 2018

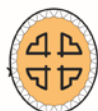
Chisasibi and Fort George

## REGISTRATION FORM

Today's date:			Volunteer: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you willing to lead some workshops or be a speaker? Yes <input type="checkbox"/> No <input type="checkbox"/>			If volunteer (please specify):				
What is your occupation?							
ATTENDEE INFORMATION							
Last name:		First name:	Middle name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (check one)	
						Sing. <input type="checkbox"/> Mar. <input type="checkbox"/> Div. <input type="checkbox"/> Sep. <input type="checkbox"/> Wid. <input type="checkbox"/>	
Is this your legal name?	If not, what is your legal name?		(Former name):		Date of birth:	Age:	Sex:
<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Cell phone:		Home phone no.:		
P.O. box:	City:		Prov.:		Postal Code:		
Which school did you attend?			Any allergies?		Cell or home phone:		
			Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other family members attending?							
Any suggestions for activities?							
IN CASE OF EMERGENCY							
Name of local friend or relative (not living at same address):			Relationship to attendee:		Home phone no.:	Work phone no.:	
The above information is true to the best of my knowledge. I understand that I am responsible for myself and if I have any health concerns during the event the organizers will not be held responsible.							
Attendee's signature:				Date:			

Fax to: (819) 855.2364

or email to: rtomatuk@ssss.gouv.qc



CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES  
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY