

RESIDENTIAL SCHOOL HEALING GATHERING 2023 CHISASIBI & FORT GEORGE REGISTRATION FORM



	ATTENDEE INFORMATION															
Last name:			First:		Middle:		☐ Mr.		☐ Miss		Marital status (circle one)					
								☐ Mrs.		S.	Single / Mar / Div / Sep / V			/ Wid		
Is this your legal name?			, what is your legal name?			ormer name):		,		Birth date:			Sex:			
☐ Yes ☐ No										/		1		□М	□F	
Street addres			Cell phone					Home phone no.:								
						()										
P.O. Box:			City:			F			ovince:		Postal Code:					
Age:			□0 -18, □19-30, □31- 40, □41-50, □51-60, □61-70, □71-80, □81-90, 91-100,													
INDIAN RESIDENTIAL SCHOOL HISTORY																
		1.														
Which schools did you attend?			2													
□Day Schoo □Foster Hom		Scholar	r, □60	0 Scope, □Residential	Scho	ol, □intergene	ratio	nal de	scend	lants, 🗖	Boardin	g Home	es, □H	ostels,		
☐ Yes ☐ No ☐ I accept to be recorded or interv						ed to promote	the e	event i	n a he	ealing w	ay					
GENERAL INFORMATION																
Other family members attending?					Na	Name:				Cell:						
Do you have	es?															
Are you willing to do some workshops or as a speaker?																
What is your occupation?																
If you wish to volunteer / if you are			are needed?			/olunteer: □Yes or □ No										
IN CASE OF EMERGENCY																
Name of local friend or relative (not living at same address):					Relationship to parti			cipant: Home pl		none no.	.: W	Work phone no				
									()		()			
event will not two (2) vacc	occui vaxi o	and that I am to special COV code or paper sk, Cough Into	/ID-1	9 Pro y! Ple	tocol: ase fo	All par	<i>rticipan</i> e followir	ts need	to ha	ve had i						
Are you fully Do you have	othe	er:														
Participants/Guardian signature						Date										

