



FINDING YOUR WAY IN YOUR HEALING JOURNEY

Friday, March 9, 2018 (9:00am – 3:30pm) Keynote and Workshops

Saturday, March 10, 2018 (11:00am – 3:00pm) Activities for the Whole Family!

Location: Neighborhood Learning Centre (Chilliwack Senior Secondary School) 46363 Yale Road, Chilliwack, BC

Attendee Information (Please PRINT Clearly)

| | | |
|---|------------|--|
| REGISTRATION NAME #1 (First & Last): | TELEPHONE: | EMAIL: |
| ADDRESS: | CITY/TOWN: | POSTAL CODE: |
| AGE: <input type="checkbox"/> Adult <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16-18 | BAND: | <input type="checkbox"/> ON <input type="checkbox"/> OFF RESERVE |

Status Non-Status Métis Xyolhemeylh Caregiver Community Partner/Organization (please specify): _____

I am currently previously have never received services from Xyolhemeylh.

I will be attending: Day One Day Two

| | | |
|---|------------|--|
| REGISTRATION NAME #2 (First & Last): | TELEPHONE: | EMAIL: |
| ADDRESS: | CITY/TOWN: | POSTAL CODE: |
| AGE: <input type="checkbox"/> Adult <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16-18 | BAND: | <input type="checkbox"/> ON <input type="checkbox"/> OFF RESERVE |

Status Non-Status Métis Xyolhemeylh Caregiver Community Partner/Organization (please specify): _____

I am currently previously have never received services from Xyolhemeylh.

I will be attending: Day One Day Two

| | | |
|---|------------|--|
| REGISTRATION NAME #3 (First & Last): | TELEPHONE: | EMAIL: |
| ADDRESS: | CITY/TOWN: | POSTAL CODE: |
| AGE: <input type="checkbox"/> Adult <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16-18 | BAND: | <input type="checkbox"/> ON <input type="checkbox"/> OFF RESERVE |

Status Non-Status Métis Xyolhemeylh Caregiver Community Partner/Organization (please specify): _____

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Please Use Additional Registration Forms To Identify All Participants If Necessary

How did you hear about the forum? _____

Please return your completed registration form to:

Fraser Valley Aboriginal Children and Family Services Society
Attention: Natalie Brandon
 1-7201 Vedder Road
 Chilliwack, BC V2R 4G5
 Email: Natalie.Brandon@Xyolhemeylh.bc.ca



Registration is required on or before Thursday, March 1.