



FINDING YOUR WAY IN YOUR HEALING JOURNEY

Friday, March 8, 2019 (9:00am – 1:00pm) Workshops for Adults
Saturday, March 9, 2019 (10:00am – 3:30pm) Activities for the Whole Family!



Location: Neighborhood Learning Centre 46361 Yale Road, Chilliwack, BC

Primary Attendee Information (Please PRINT Clearly)

REGISTRATION NAME #1 (First & Last):		EMAIL:
RESIDENTIAL ADDRESS (STREET NUMBER, NAME, UNIT NUMBER, CITY/TOWN)		PHONE NUMBER (PLEASE INDICATE TYPE OF PHONE): Is this a cell? <input type="checkbox"/> OR a landline? <input type="checkbox"/>
YOUR 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 NAME YOU BELONG TO IF APPLICABLE:	DO YOU LIVE ON OR OFF RESERVE: <input type="checkbox"/> OFF <input type="checkbox"/> ON
WHICH BEST DESCRIBES YOU (PLEASE SELECT ALL BOXES THAT APPLY TO YOU): <input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Xyolhemeylh Caregiver <input type="checkbox"/> Community Partner/Organization (please specify below):		
HAVE YOU EVER ACCESSED XYOLHEMEYLH SERVICES? <input type="checkbox"/> I am currently <input type="checkbox"/> I have previously <input type="checkbox"/> I have never received services from Xyolhemeylh.		I PLAN ON ATTENDING (PLEASE SELECT ALL THAT APPLY): <input type="checkbox"/> Day #1 - FRIDAY <input type="checkbox"/> Day #2 - SATURDAY
PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW:		
EMERGENCY CONTACT INFORMATION (First & Last Name):	RELATIONSHIP (Friend, parent, etc.):	PHONE NUMBER:

Attendee #2 Information (Please PRINT Clearly)

REGISTRATION NAME #2 (First & Last):		EMAIL:
RESIDENTIAL ADDRESS (STREET NUMBER, NAME, UNIT NUMBER, CITY/TOWN)		PHONE NUMBER (PLEASE INDICATE TYPE OF PHONE): Is this a cell? <input type="checkbox"/> OR a landline? <input type="checkbox"/>
YOUR 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 NAME YOU BELONG TO IF APPLICABLE:	DO YOU LIVE ON OR OFF RESERVE: <input type="checkbox"/> OFF <input type="checkbox"/> ON
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EMERGENCY CONTACT INFORMATION (First & Last Name):	RELATIONSHIP (Friend, parent, etc.):	PHONE NUMBER:

Attendee #3 Information (Please PRINT Clearly)

REGISTRATION NAME #3 (First & Last):		EMAIL:
RESIDENTIAL ADDRESS (STREET NUMBER, NAME, UNIT NUMBER, CITY/TOWN)		PHONE NUMBER (PLEASE INDICATE TYPE OF PHONE): Is this a cell? <input type="checkbox"/> OR a landline? <input type="checkbox"/>
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EMERGENCY CONTACT INFORMATION (First & Last Name):	RELATIONSHIP (Friend, parent, etc.):	PHONE NUMBER:



Attendee #4 Information (Please PRINT Clearly)

REGISTRATION NAME #4 (First & Last):		EMAIL:
RESIDENTIAL ADDRESS (STREET NUMBER, NAME, UNIT NUMBER, CITY/TOWN)		PHONE NUMBER (PLEASE INDICATE TYPE OF PHONE): Is this a cell? <input type="checkbox"/> OR a landline? <input type="checkbox"/>
YOUR 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 NAME YOU BELONG TO IF APPLICABLE:	DO YOU LIVE ON OR OFF RESERVE: <input type="checkbox"/> OFF <input type="checkbox"/> ON
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PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW:		

Attendee #5 Information (Please PRINT Clearly)

REGISTRATION NAME #5 (First & Last):		EMAIL:
RESIDENTIAL ADDRESS (STREET NUMBER, NAME, UNIT NUMBER, CITY/TOWN)		PHONE NUMBER (PLEASE INDICATE TYPE OF PHONE): Is this a cell? <input type="checkbox"/> OR a landline? <input type="checkbox"/>
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Please Use Additional Registration Forms To Identify All Participants If Necessary

How did you hear about the Family Forum? _____

Please return your completed on or before: Friday, March 1st

Fraser Valley Aboriginal Children and
Family Services Society

Attention: JULIA MCCAFFREY
106 – 20644 Eastleigh Crescent
Langley, BC V3A 4C4
FAX: (604) 533-8827

Attention: RAVEN LITTLE
106 – 2276 Clearbrook Road
Abbotsford, BC V2T 2X5
FAX: (604) 855-3361

Email: registration@Xyolhemeylh.bc.ca