#### Fraser Valley Aboriginal Children and

**Family Services Society** 

# Annual Aboriginal Family Forum Registration

### 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? □ OR a landline? □
YOUR AGE:	BAND NAM	E YOU BELONG TO IF APPLICABLE:	DO YOU LIVE ON OR OFF RESERVE:
☐ Adult ☐ 1-5 ☐ 6-12 ☐ 13-15 ☐ 16-18			□ OFF □ ON
WHICH BEST DESCRIBES YOU (PLEASE SELECT ALL BOXES THAT APPLY TO YOU):			
☐ Status ☐ Non-Status ☐ Métis ☐ Inuit ☐ Xyolhemeylh Caregiver ☐ Community Partner/Organization (please specify below):			
HAVE YOU EVER ACCESSED XYOLHEMEYLH SERVICES?			I PLAN ON ATTENDING (PLEASE SELECT <b>ALL</b> THAT APPLY):
☐ I am currently ☐ I have previously ☐ I have never received services from Xyolhemeylh.			☐ Day #1 - FRIDAY ☐ Day #2 - SATURDAY
PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW:			
EMERGENCY CONTACT INFORMATION (First & Last Name):		RELATIONSHIP (Friend, parent, etc.):	PHONE NUMBER:
,			
Attended #2 Information (Diagon DDINT Closely)			
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? □ OR a landline? □
YOUR AGE:	BAND NAM	YOU BELONG TO IF APPLICABLE:	DO YOU LIVE ON OR OFF RESERVE:
□ Adult □ 1-5 □ 6-12 □ 13-15 □16-18			□ OFF □ ON
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PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW:			
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):
VOUD AGE	L DAND MAAN	E YOU BELONG TO IF APPLICABLE:	Is this a cell?  OR a landline?  DO YOU LIVE ON OR OFF RESERVE:
YOUR AGE:	BAND NAM	E YOU BELONG TO IF APPLICABLE:	
☐ Adult ☐ 1-5 ☐ 6-12 ☐ 13-15 ☐ 16-18  WHICH BEST DESCRIBES YOU (PLEASE SELECT ALL BOXES THAT APP	I V TO VOLI)		□ OFF □ ON
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EMERGENCY CONTACT INFORMATION (First & Last Name):		RELATIONSHIP (Friend, parent, etc.):	PHONE NUMBER:
,,		2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	



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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? OR a landline? BAND NAME YOU BELONG TO IF APPLICABLE: YOUR AGE: DO YOU LIVE ON OR OFF RESERVE: □ OFF □ ON □ Adult □ 1-5 □ 6-12 □ 13-15 □ 16-18 WHICH BEST DESCRIBES YOU (PLEASE SELECT ALL BOXES THAT APPLY TO YOU): ☐ Status ☐ Non-Status ☐ Métis ☐ Inuit ☐ Xyolhemeylh Caregiver ☐ Community Partner/Organization (please specify below): HAVE YOU EVER ACCESSED XYOLHEMEYLH SERVICES? I PLAN ON ATTENDING (PLEASE SELECT ALL THAT APPLY): ☐ Day #1 - FRIDAY ☐ Day #2 - SATURDAY ☐ I am currently ☐ I have previously ☐ I have never received services from Xyolhemeylh. PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW: Attendee #5 Information (Please PRINT Clearly) REGISTRATION NAME #5 (First & Last): RESIDENTIAL ADDRESS (STREET NUMBER, NAME, UNIT NUMBER, CITY/TOWN) PHONE NUMBER (PLEASE INDICATE TYPE OF PHONE): Is this a cell? □ OR a landline? YOUR AGE: BAND NAME YOU BELONG TO IF APPLICABLE: DO YOU LIVE ON OR OFF RESERVE: ☐ OFF □ ON □ Adult □ 1-5 □ 6-12 □ 13-15 □ 16-18 WHICH BEST DESCRIBES YOU (PLEASE SELECT ALL BOXES THAT APPLY TO YOU): ☐ Status ☐ Non-Status ☐ Métis ☐ Inuit ☐ Xyolhemeylh Caregiver ☐ Community Partner/Organization (please specify below): I PLAN ON ATTENDING (PLEASE SELECT ALL THAT APPLY): HAVE YOU EVER ACCESSED XYOLHEMEYLH SERVICES? ☐ I am currently ☐ I have previously ☐ I have never received services from Xyolhemeylh. ☐ Day #1 - FRIDAY ☐ Day #2 - SATURDAY PLEASE LIST ANY ALLERGIES &/OR DIETARY RESTRICTIONS BELOW: EMERGENCY CONTACT INFORMATION (First & Last Name): RELATIONSHIP (Friend, parent, etc.): PHONE NUMBER: 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